

LOW VISION SERVICES:

Understanding the System

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OPTM 797
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March 14, 1997

Before considering a specialty in low vision, one must have some knowledge and basic understanding of the "politics" involved in the state of Michigan. It is important to understand how many different professionals are involved in the care of visually impaired individuals, all working together to achieve the same goal. In addition, a majority of the patients are referred to a low vision specialist from governmental agencies, each of which has different requirements that must be met. Also, the Secretary of State sets up standards for the visually impaired driver, and one must know the different driving rehabilitation programs available. Lastly, if one is planning to practice low vision in Michigan, it is necessary to go through the certification process with the Michigan Optometric Association Low Vision Committee. The professionals and agencies most involved in the care of the visually impaired patient will be detailed in this paper.

To name only a few: Low Vision Specialists, Orientation and Mobility Instructors, Occupational Therapists, Rehabilitation Counselors and Teachers - these professionals are all very important in the rehabilitation of the visually impaired patient. First and foremost, a Low Vision Specialist is an eye care provider who specializes in the evaluation of a patient with impaired vision, as well as the prescription of optical devices. These devices include microscopes, hand-held magnifiers, stand magnifiers, and electronic devices for near; spectacle and hand-held telescopes for intermediate and distance tasks, as well as reverse telescopes and mirrors for treating visual field defects.

Secondly, the Orientation and Mobility Specialists (O & M) are professionals trained at the Master's degree level, including extended fieldwork.

They provide training in travel safety in the neighborhood, including the use of public transportation systems, as well as use of sighted-guide techniques, use of a long cane, support cane or walker, telescopes for signs, house numbers, and directories, and electronic travel aids.⁴

Thirdly, an Occupational Therapist (O.T.) is qualified to work with low vision patients because of their broad understanding of human capacity and disability, including vision, in addition to their training and experience with assistive devices. An O.T. can assist in evaluating the needs of the visually impaired patient, make referrals to other appropriate professionals, and help determine magnifying devices to assist the patient.

Fourthly, Rehabilitation Counselors are persons who provide vocational counseling, service referral, and case management to help a visually impaired patient make adjustments to their visual loss. For example, they might assist persons with applying for talking book services, or hiring readers and note writers for college. In a similar manner, Rehabilitation Teachers are persons who provide assistance with daily living activities and in college or vocational preparation skills. For example, they may recommend devices that assist in cooking, reading, writing, and leisure activities.

Initially a part of Michigan Department of Social Services in 1969, the Michigan Commission for the Blind (MCFB) was later incorporated into the Michigan Department of Labor in 1978 in order to meet the challenge of employing the majority of the legally blind population who were not currently

employed.⁵ Ironically, the Commission for the Blind has recently reverted back, to the new Family Independence Agency (previously Department of Social Services) as of May 16, 1996, after the abolishment of the Michigan Department of Labor. This should not impact the relationship that the Commission for the Blind has with Low Vision Practitioners.¹⁶

The largest entity of the Commission, the Vocational Rehabilitation Program, serves over 3,000 clients per year. The program emphasizes higher education and career or vocational training for any employable client. The requirements include legal blindness, defined as best corrected visual acuity of 20/200 or worse in the better eye, or visual field constriction equal to 20 degrees or less. Clients may participate in an intensive blind rehabilitation program at the Michigan Commission for the Blind Training Center in Kalamazoo, or at another facility. Clinical low vision services are provided by certified optometrists, with a goal toward job-related tasks. Often a low vision specialist is called in to assist when a job may be in jeopardy, including on-site vocational assessments when necessary in order to prescribe the most effective devices for use at work.⁵

In 1980, the Commission began providing rehabilitation services to multiply disabled and older individuals with vision impairment through the Independent Living Program. (See brochure in appendix) The services they provide, including instruction and devices for homemaking, Braille, and mobility, all promote independence within the home and community. Initially, only two counties were served; today the program is not yet available statewide, but nearly

half of the counties in Michigan receive some service. Local offices are located in Lansing, Detroit, Saginaw, Flint and Gaylord.

In 1985, the state legislature funded the Youth Low Vision Program through the Michigan Commission for the Blind. (See brochure in appendix) The program serves individuals under 26 years of age with best corrected visual acuity of 20/70 or less in the better eye, or visual field of 20 degrees or less using both eyes. Services provided include the purchase of low vision evaluations and mostly microscopic and telescopic devices. Other magnifying devices may be prescribed also, depending in individual needs of the patient. Low vision aid training is encouraged and involves consultation with education personnel and parents. Referral is made through the local school or intermediate school district from special education teachers, teacher-consultants, school nurses, etc. A college preparatory program also is provided by the Michigan Commission for the Blind Training Center in Kalamazoo. It is hoped that the students served will proceed to higher education and employment, and that this transition will have been facilitated by early intervention and low vision remediation made possible by this program.¹⁸

As previously mentioned, the Michigan Commission for the Blind Training Center exists in Kalamazoo, and plays an integral part with rehabilitation at no cost to clients. The center is a residential facility with a dormitory that can accommodate up to 50 residents, and length of stay varies depending on the needs of the individual. Class instruction is offered in 25 areas, including Braille, handwriting, typing, mobility, homemaking, personal management, industrial arts, and crafts. The center provides essential training by evaluating individual

potential, assisting in personal adjustment to blindness, and developing basic skills for independent living and employment. (See brochure in appendix.)

In order for any optometrist to make a referral to the Commission for the Blind, a special form titled "Eye Examination Report", #MDL-156 must be filled out and sent to the agency (see form in appendix). After a case is opened and the rehabilitation counselor decides a low vision evaluation is necessary, a referral is made to a low vision clinic or certified low vision practitioner (see list of clinics and certified low vision practitioners in appendix). The following papers will be sent with the referral: a copy of the eye examination report, authorization, and a copy of form MDL-159 titled "Low Vision Evaluation", part of which is filled out prior to the exam by the Commission staff concerning vocational objective and possible uses for any low vision aids (see form in appendix).

Although optional, in many cases the Commission staff (rehabilitation teacher or counselor) is present for the evaluation. Communication among clients (patients), practitioners, and staff is crucial to insure the appropriate services and low vision aides are provided. Justification of specific use of aides should be thoroughly documented in the report of the low vision evaluation. The Commission staff will issue a service authorization to the low vision provider for any aides prescribed that the Commission does not have in their inventory, with the following in mind:

Commission participation in the purchase of low vision aids is only to be considered when there is adequate justification that the aid is needed to help in the completion of a training program or to

complete the specific task as a part of the vocational and/or independent living objective. Sophisticated systems such as telescopic systems, microscopic systems, and electronic magnifiers are only to be considered when there is evidence that hand-held aids cannot accomplish the task, or the aid is to have a substantial daily use as a part of the training program or vocational and/or independent living objective, or where there is evidence that the aid will substantially reduce or eliminate the need for reader service.⁸

Reimbursement to the low vision specialist for services and devices is as follows: examination and refraction - usual, customary, and reasonable charges; low vision evaluation - \$70 per ½ hour or major part thereof; low vision devices - providers invoice cost X 2. (See Specialized Testing Fees in appendix.)

Payments for examination, and a refraction, low vision evaluation, glasses, and low vision devices should be at the providers usual and customary charges, or Commission established fees, whichever is less minus any 3rd party reimbursement which would include insurance, medical assistance, comparable benefits, payment from the patient or family, or any other resource.⁸

As a division of the Michigan Jobs Commission, Michigan Rehabilitation Services (MRS) is a part of a state and federal partnership that has provided services for disabled Michigan residents for over 70 years. In order to be eligible, the disability must cause significant problems in getting or keeping a job, and the individual must actually need vocational rehabilitation services in order to work. High school students or previous homemakers may also be eligible, as they may need assistance to prepare for a first career (see brochures in appendix).

Disabilities may include back disability, hearing loss, brain injury, mental illness, learning disability, or visual loss. Specifically, Michigan Rehabilitation

Service helps individuals with best corrected visual acuity of 20/70 to 20/100 in the better eye or with a visual field loss of 20 degrees or more.⁵ Although Gary Murrell, a Rehabilitation Counselor for MRS, stated that the actual acuities are not as important as the functional limitations of the individual in determining eligibility.

Unlike Michigan Commission for the Blind, MRS does not require optometrists to be low vision certified in order to work with their clients. In addition, Michigan Rehabilitation Services does not usually cover the low vision evaluation, unless they specifically require the evaluation for diagnostic purposes. It is usually an optometrist who refers the patient to MRS, in which case the exam has already been paid for by the patient or other third party source (see form in appendix). Then MRS may choose to open the case, and therefore cover necessary devices needed in the future for vocational use, as described below.¹¹

After each client is teamed with a rehabilitation counselor, an assessment is made of the individual's abilities and rehabilitation needs. Additional assessments are sometimes needed, including medical and/or optometric exams, vocational testing, work evaluations, and job tryouts. Next, the client and counselor develop and agree upon an Individualized Written Rehabilitation Program (IWRP). This includes an employment goal, services needed to reach the goal, and providers of these services. Examples of MRS services include tools, equipment, and licenses; job training and job coaches; job placement assistance; and support services such as readers and transportation. The final goal is, of course, to find a job. After the client reaches his goal, the counselor then follows up for 60 days to make sure both the employer and employee are satisfied.

Although all Michigan Rehabilitation Services are provided free of charge, if the client is financially able, he is expected to help pay for part of the services he receives. Provision of services is based on the availability of state and federal funds. Clearly, the clients with the most severe disabilities are served first when MRS is unable to serve all eligible clients.^{6,13}

As mentioned previously, optometrists are often the one to make a referral to MRS, based on visual impairment causing work-related problems (see Low Vision Referral form in appendix). However, any individual interested in receiving services may apply directly by contacting the nearest MRS office. Also, referrals are commonly made by hospitals, school counselors, mental health professionals, social workers, churches, families, and other agencies, to the 35 offices throughout the state.

Although both Medicare and Medicaid will pay for the low vision evaluation, it is also possible to receive reimbursement from Medicaid for low vision devices. Medicare will reimburse \$102.68 for the evaluation itself (regardless of what the clinic charges), whereas Medicaid will reimburse 100% of the evaluation fee if the optometrist's request is approved.¹⁵ Prior authorization is attempted by filling out a five-page Questionnaire for Low Vision Services (see Questionnaire in appendix). A wide range of customized low vision prescriptions and low vision devices are available when properly documented and justified, by a primary care optometrist or low vision specialist.⁵

The State of Michigan Secretary of State has set up vision standards for driver licensing in Michigan. Drivers who meet the 20/40 screening requirements are granted full driving privileges unless a vision specialist recommends otherwise. Those who can not read 20/40 must have an optometrist or ophthalmologist fill out a Statement of Examination Form (see form in appendix), providing their visual acuity, peripheral vision, and any progressive diseases of the eye. On the back of the form, one will find the standards for restrictions and denial of license. To summarize, 20/50 or better vision will allow full driving privileges, 20/50 to 20/70 vision without any progressive disease of the eye will allow daylight driving only, and less than 20/70 vision results in not eligible for licensing. Also, peripheral vision is important in assessment of driving privileges; 140 degrees to 110 degrees results in full driving, less than 90 degrees results in not eligible for licensing, and between 110 degrees and 90 degrees is subject to additional conditions and requirements.³

Anyone can report a driver who they believe should not be driving by filling out a Request for Reexamination from the Michigan Department of State (see form in appendix).

The department may schedule a reexamination for physical or mental infirmities or disabilities, vision deficiency, convulsive seizures or blackouts or episodes, or for other reasons which may effect driving. You must provide a description of an incident or a pattern of behavior, or other evidence which you believe justifies a reexamination. ... Request by private citizens to remain confidential will be respected, to the extent permitted by Michigan and Federal law (see Reexamination Form in appendix).

Optometrists are often in the ideal position for filling out this form since they monitor the patient's vision at each office visit. The form simply allows one to explain, with specific information as descriptive as possible, why the driver should not be driving. It then must be sent to Driver Improvement (see list of contacts in appendix).

If the secretary of state has reason to believe that the person is unable to drive a motor vehicle safely, they may conduct an investigation and reexamination. All forms or letters will receive a response. Many low vision practitioners are very concerned about lawsuits related to a violation of patient confidentiality. This is a real possibility, however, one must ask, "is it better to get sued for the right reasons or the wrong reasons?"

If the patient does not meet the legal visual requirements to drive, the low vision specialist must decide if the patient is a good candidate for the use of a bioptic telescope for driving. The state law requirements in Michigan are very weak for driving with a telescope. Visual acuity must be 20/50 or better through the telescope, and a cumulative field of 90 degrees in both eyes must be intact. (For example, it is possible for a patient to drive legally with a very large central scotoma as long as a total of 90 degrees of visual field exists.) There are no driver's training or rehabilitation requirements. The license may be valid for four years unless otherwise restricted by an optometrist.

If the patient finds this option desirable, he may seek out a rehabilitation agency where he can relearn how to drive with a bioptic telescope. At Beaumont Low Vision Center, one must complete an average of twenty clinical hours of

assessment including low vision evaluation, clinical telescopic evaluation, loaning of telescopic system, fitting, dispensing, training, follow-up, and pre-screening before any driving evaluations are performed.¹⁴ Several driving rehabilitation centers are available across the state that can provide similar services (see list in appendix).

Clearly, the issue of driving with bioptic telescopes is very controversial (see AOA Low Vision Section Statement in appendix).

The American Optometric Association acknowledges that driving is not a right but a privilege. Issues related to public safety are of primary concern. However, access to driving privilege should not categorically be denied to individuals who may have reduced visual acuity but with adequate residual vision and cognition and who demonstrate ability as qualified, competent drivers.¹⁷

The purpose of the Michigan Optometric Association low vision certification process is to assist those licensed optometrists who are dedicated to the provision of low vision services by enhancing their skills and expertise, and allowing them to demonstrate their competency in the field. Fulfillment of all five requirements below is necessary.

First, an application must be obtained from the Michigan Optometric Association office and filled out regarding education, experience, and office instrumentation. The application with a non-refundable processing fee should be submitted to the MOA in Lansing. Secondly, three years or more of clinical experience must be completed. An alternative route is to complete an accredited postgraduate low vision residency program.

Thirdly, after an application is filed, the applicant may begin to submit eight case reports, reflecting patients examined and followed in clinical practice. The cases must equally represent the following populations: pediatric, geriatric, career/vocational, and multiply impaired, as well as represent several different ocular disorders. All case reports must include an abstract, detailed case history, details of examination and diagnosis, devices tested including rationale for selection, and recommendations for treatment. After all case reports are submitted, a review panel of three certified low vision specialists will review them, and consult the applicant within 90 days.

Fourthly, an interview takes place to discuss clinical experience and case reports. Then the applicant may be recommended for completion of the low vision certification process. Lastly, an examination must be completed including written, oral, and clinical parts. The exam is administered by Michigan College of Optometry at Ferris State University. A fee for the exam is set by the college.

Upon successful completion of all parts mentioned above, diplomas of certification will be issued by the Michigan Optometric Association (see current list of committee members in appendix). Every five years, the certification is subject to review by the committee. In order to maintain certification, one must contribute to the field by treating low vision patients, attending MOA Low Vision Committee meetings, teaching, publications, and other evidence of continuing competency.¹⁰

In addition to the MOA, the American Optometric Association also has a Low Vision Section. However, any member of the AOA may join the section.

Membership includes a quarterly newsletter, membership directory, and other benefits. Cost is \$50 for an optometrist and \$5 for students. (See application in appendix)

In conclusion, there are many details to learn when considering the expanding field of low vision today. Hopefully, this discussion can improve understanding for many students, faculty, and current doctors who are pursuing this exciting and rewarding specialty.

1. A Partnership Toward Employment with Michigan Rehabilitation Service. 1994.
2. Beaver KA, Mann WC; Overview of Technology for Low Vision. *The American Journal of Occupational Therapy*, 49(9):913-921, 1995.
3. Department of State: Visual Standards for Motor Vehicle Driver's Licenses. 1974.
4. Faye EE, M.D.; *Clinical Low Vision*. Little, Brown and Company: Boston, 1984.
5. Gormezano SR, Raznik P; Establishment of Comprehensive Low Vision Services in Michigan. *The Journal of American Optometric Association*, 64(1):28-36, 1993.
6. How Michigan Rehabilitation Service Assists People with Disabilities Into Jobs. 1996
7. Independent Living Rehabilitation Program brochure.
8. *Michigan Commission for the Blind Casework Manual*, 1-2:4470, 4480, 7355, 10110, 10150, 10200.
9. Michigan Commission for the Blind Training Center brochure.
10. Michigan Optometric Association Low Vision Certification Process. 1994.
11. Murrell G, Rehabilitation counselor, verbal information about MRS.
12. Nowakowski RW; *Primary Low Vision Care*. Appleton and Lange: Connecticut, 1994.
13. On the Way to Work with MRS. 1991.
14. Park WL, Unatin J, Hebert A; A Driving Program for the Visually Impaired. *Journal of American Optometric Association*, 64(1):54-59, 1993.
15. Park WL, Low Vision Director at Beaumont Eye Institute, verbal information about Medicaid and Medicare in relation to Low Vision.
16. Peterson P, Michigan Commission for the Blind Representative, verbal information at Low Vision Section meeting, 9-11-96.

17. Statement on Use of Bioptic Telescopes for Driving. American Optometric Association Low Vision Section.

18. Youth Low Vision Program brochure.



EYE EXAMINATION REPORT

Michigan Department of Labor
Michigan Commission for the Blind

AUTHORITY : P.A. 260 OF 1978 AS AMENDED
COMPLETION : MANDATORY
PENALTY : NON-PAYMENT FOR SERVICE

PATIENT'S NAME (Last, First, Middle)	BIRTH DATE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced
ADDRESS (Number & Street or RFD, City or Town, State, & ZIP Code)			SOCIAL SECURITY NUMBER

EXAMINING PHYSICIAN: You are hereby authorized to release the information requested below to the Michigan Commission for the Blind. This examination is at the patient's expense unless accompanied by a service authorization.

SIGNATURE _____ DATE _____
(Patient or Representative)

NAME OF EXAMINER _____

NOTE TO EXAMINER:

Optometrist: Fill out only items 1, 5, and 6
Ophthalmologist: Fill out all items, 1 through 7

1. History:

A. Age at onset of significant visual defect: Right eye (R.E.) _____ Left eye (L.E.) _____

B. Record ocular infections, injuries, operations, hereditary factors. If injury, indicate circumstances. If hereditary, indicate if blood relatives have same condition.

2. Diagnosis: Primary eye condition including condition responsible for visual impairment.

R.E. _____

L.E. _____

3. Describe abnormal findings, external and internal:

R.E. _____

L.E. _____

4. Intraocular pressure, if possible:

If tension is not measured with Schiottz tonometer, specify instrument used.

Tension in mm. Hg: R.E. _____ L.E. _____

5. Vision Measurements:

WITHOUT CORRECTION		WITH BEST CORRECTION		CORRECTION NEEDED		ADD
distance	near	distance	near	R.E.	L.E.	
R.E. _____	_____	R.E. _____	_____	R.E. _____	_____	_____
L.E. _____	_____	L.E. _____	_____	L.E. _____	_____	_____

The Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, or handicap.

ITEM 4480 LOW VISION CLINICS AND CERTIFIED PRACTITIONERS

Beaumont Eye Institute - Low Vision Clinic
3535 W. 13 Mile Road
Royal Oak, MI 48073
313-551-2020
Federal ID#: 38-1459362

Department of Blind Rehabilitation
Western Michigan University
Kalamazoo, MI 49008
616-387-3455
Federal ID#: 38-6007327

Ferris State College
College of Optometry - Optometric Clinic
Big Rapids, MI 49307
616-592-2222
Federal ID#: 38-6005159

Henry Ford Hospital - Low Vision Service
Department of Ophthalmology
2799 W. Grand Blvd.
Detroit, MI 48203
313-876-3229
Federal ID#: 38-2634332

Kresge Eye Institute
4717 St. Antoine
Detroit, MI 48201
313-577-1320
Federal ID#: 38-2004031

Optometric Institute and Clinic of Detroit
3800 Woodward, Main Lobby
Detroit, MI 48201
313-832-2088
Federal ID#: 38-1910186

University of Michigan Low Vision Clinic
W. K. Kellogg Eye Center
1000 Wall Street
Ann Arbor, MI 48105
313-763-9142
Federal ID#: 38-6006309

Vision Enrichment Services
215 Sheldon Avenue, S.E.
Grand Rapids, MI 49502
616-458-1187
Federal ID#: 38-1387122

Vision Enrichment Services
501 Comerica Bldg
Muskegon, MI 49440
616-727-6014
Federal ID#: 38-1387122

Vision Rehab Institute
Sinai Hospital
14800 W. McNichols
Detroit, MI 48235
313-493-5514
Federal ID#: 38-1416522

CERTIFIED LOW VISION PRACTITIONERS

Elizabeth Becker, O.D.
837 Lapeer Rd., Oxford Prof. Bldg.
Oxford, MI 48371
313-628-3441
Federal ID#: 38-2052081

Steven Bennett, O.D.
117 S. Main Street
Ann Arbor, MI 48108
313-665-5306
Federal ID#: 38-1722395

Walter Betts, O.D.
Ferris State College
College of Optometry
Big Rapids, MI 49307
616-592-2186
Federal ID#: 38-6005159

Dennis Cobler, O.D.
810 Terrace
Muskegon, MI 49440
616-726-4234
Federal ID#: 38-2211324

Daniel Dudley, O.D.
2904 Division Street
St. Joseph, MI 49085
616-983-2020
Federal ID#: 38-2690353

Robert Foote, O.D.
207 Beaumont Place
Traverse City, MI 49684
616-946-8826
Federal ID#: 38-1994263

Paul Gayeff, O.D.
Doctors Park, Suite 217
Escanaba, MI 49829
906-789-1400
Federal ID#: 38-2269826

Arnold Gordon, O.D.
1302 S. Washington
Royal Oak, MI 48067
313-541-2842
Federal ID#: 38-2019048

Susan R. Gormezano, O.D.
3000 Town Center, Suite 92B
Southfield, MI 48075
313-352-1772
Federal ID#: 38-2634332

Susan Hahn, O.D.
22777 West 11 Mile
Southfield, MI 48034
313-358-9360
ID#: S375-62-9099

William Hooker, O.D.
1536 Haslett Rd., P.O. Box 621
Haslett, MI 48840
517-339-4100
ID#: S366-62-7871

Carol Marston-Foucher, O.D.
32037 Plymouth Road
Livonia, MI 48150
313-421-5454
Federal ID#: 38-2411023

Edwin Novak, O.D.
714 Beach
Flint, MI 48502
313-232-6440
Federal ID#: 38-1679981

William L. Park, O.D.
3535 W. 13 Mile Road
Royal Oak, MI 48073
313-551-2020
Federal ID#: 38-1459362

Phillip Raznik, O.D.
3000 Town Center, Ste. 92B
Southfield, MI 48075
313-352-1772
Federal ID#: 38-2634332

Roger Seelye, O.D.
307 N. Ball
Owosso, MI 48867
517-723-1101
Federal ID#: 38-2282339

Allyn Uniacke, O.D.
Ferris State College
College of Optometry
Big Rapids, MI 49307
616-592-2184
ID#: 38-6005159

Robert Unser, O.D.
241 E. Michigan
Kalamazoo, MI 49007
616-382-6500
Federal ID#: 38-1734365

Robert Walt, O.D.
3440 Kelly Street
Hudsonville, MI 49426
616-669-2530
Federal ID#: 38-2567898

Donna Wicker, O.D.
W. K. Kellogg Eye Center
1000 Wall Street
Ann Arbor, MI 48105
313-763-9142
Federal ID#: 38-6006309

Mark Williams, O.D.
714 Beach Street
Flint, MI 48502
313-232-6440
Federal ID#: 38-1679981



LOW VISION EVALUATION
Michigan Department of Labor
Michigan Commission for the Blind

CLIENT'S NAME _____	
SOCIAL SECURITY NO _____	DATE _____
AUTHORITY : P.A. 260 OF 1978, AS AMENDED COMPLETION MANDATORY PENALTY NONE	

Complete by Commission Staff

Vocational objective _____

Aids presently being used _____

Complete by Examiner

Vision without correction

Vision with refraction:

<u>DISTANCE</u>		<u>NEAR</u>	<u>DISTANCE</u>		<u>NEAR</u>
OD _____	OD _____	OD _____	OD _____	OD _____	OD _____
OS _____	OS _____	OS _____	OS _____	OS _____	OS _____

Prescription of Aid Recommended:

Visual Acuity _____

OD _____ OS _____

Prescription of Aid Recommended:

Visual Acuity _____

OD _____ OS _____

Prescription of Aid Recommended:

Visual Acuity _____

OD _____ OS _____

Aid to be used for: employment training daily living leisure time hobby

Describe the specific use to which the aid or aids will be put, and why this recommendation over other alternatives.

Will the aids recommended reduce the need for reader service? yes no

Will they eliminate the need for reader service? yes no

Date of next recommended examination _____

Signature of Examiner _____ Date of Exam _____

Comments: (Use reverse side if necessary)

THE DEPARTMENT OF LABOR WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
MDL-159 (4-87) Previous Edition Obsolete (Formerly CB-122)

ITEM 10200 SPECIALIZED TESTING

Low Vision Evaluations	\$70 per ½ hr. or major part thereof
Michigan College of Optometry, Ferris State University Optometry Clinic, Big Rapids	\$90 per initial eval. \$45 per F/U
Kresge Eye Institute, Detroit	\$125 per initial eval \$35 per F/U
Optometric Institute and Clinic of Detroit	\$240 per initial eval (1 day of service)
Shiffman Clinic, Sinai Hospital, Detroit	\$100 per initial eval \$25 per 2 nd visit \$15 per 3 rd visit
University of Michigan Low Vision Clinic, Ann Arbor	\$85 per initial eval
Western Michigan University Low Vision Clinic, Kalamazoo	\$180 per initial eval \$60per F/U
Vision Enrichment Services, Grand Rapids	\$100 per initial eval

from MCFB Casework Manual

A Partnership Toward Employment with Michigan Rehabilitation Services

This brochure was written to let you know how Michigan Rehabilitation Services (MRS) can help you become employed or keep a job you may already have. MRS is part of a state and federal partnership that has provided services for Michigan citizens with disabilities for more than 70 years.

If you have a disability that makes it difficult for you to work, MRS may be able to help you prepare for, find, and keep a job.

MRS is part of the Michigan Jobs Commission and has 35 offices throughout the state.

Getting Acquainted

If you are thinking about applying for MRS services, you might ask yourself the following questions:

- Am I interested in working?
- Do I have a physical or mental disability? Some examples are amputation, learning problems, cerebral palsy, heart disease, emotional problems, spinal cord injury, and substance abuse.
- Does my disability cause problems for me in preparing for a job, finding a job, or keeping a job?
- Do I need MRS assistance to help me prepare for or find a job?

If you answered yes to all of these questions, you may be eligible for MRS services. To find out, you will need to complete an application. A friend, family member, or MRS representative can help you complete an application if you need assistance.

Afterward, you will be teamed with a vocational rehabilitation counselor trained to assist people who have disabilities. You and your counselor will discuss your abilities, needs, and interests.

When you apply for services, you will be given a copy of the brochure, "Your Rights and Responsibilities as a Client of Michigan Rehabilitation Services."

Becoming Eligible

Your counselor will determine if you are eligible for services after talking with you and gathering information about your disability and work capabilities. This information will also help you and your counselor plan the services you will need to get or keep a job.

Sometimes additional evaluations are needed to identify your interests, abilities, and barriers to employment. These may include medical examinations, vocational testing, or work evaluations.

Your eligibility will be decided within 60 days of the date you apply for MRS services unless your counselor recommends a more lengthy evaluation.

Planning for Services

After you have been determined eligible, you and your counselor will work as partners in selecting a job goal and developing a plan to achieve your goal.

This plan is known as your Individualized Written Rehabilitation Program (IWRP). It describes the steps, services, (Please continue on other side)



Preparing for a New Occupation

How Michigan Rehabilitation Services Assists with College and Other Job Training

Persons with disabilities who become clients of Michigan Rehabilitation Services (MRS) may prepare for a new occupation if they are not able to use existing skills. Other persons with disabilities, such as high school students and displaced homemakers, may need assistance as they prepare to enter the work force for the first time.

MRS counselors work closely with their clients in selecting the right vocation. The client's aptitudes, interests, education, and work experiences are considered as well as the work limitations caused by the disability. The training period needed to prepare for a new vocation is then agreed upon.

What Kind of Training Assistance Is Available?

MRS counselors help clients to select, and then enroll in, the training program that best meets their needs. Some clients require only refresher training to put former skills to use.

Others are able to go to work after completing a brief training program such as those offered by adult education. Sometimes on-the-job training is the best solution. For many clients, however, trade, technical, business school, or college training is the answer.

Does MRS Offer Financial Aid Counseling?

MRS counselors advise clients on how to apply for state, federal, and institutional financial aid to help pay for their training costs. MRS can help with training expenses if financial aid grants will not fully meet a client's needs. MRS works cooperatively with college financial aid officers throughout the state to assure

the best possible financial aid package for each client.

Government financial agencies believe students and their families have primary responsibility for postsecondary education and training costs. Government assistance is available only when the student and family cannot meet this obligation, either totally or in part.

Does MRS Assist with Any Other Costs?

In addition to the basic costs of training, such as tuition, fees, and books, MRS clients may have other costs because of their disability. Examples are attendant services, interpreters, wheelchairs, and medications.

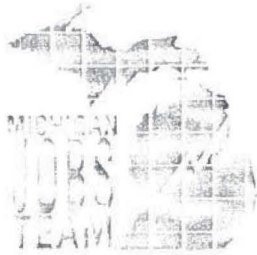
MRS often can assist with these extra expenses if the client does not have insurance and there are no other available resources.

Are Post-Training Services Available from MRS?

MRS counselors are trained professionals who remain interested in their clients' progress throughout the training program. They work to ensure that all is going well and provide assistance if difficulties arise.

Counselors also help their clients find employment when training is completed, and make certain that the job is satisfactory before service is ended.

If you have further questions regarding job training assistance from Michigan Rehabilitation Services, please contact your local MRS office.



ATTN: GARY
MURRELL
(BEI)

LOW VISION REFERRAL

Name: _____ DOB: _____

Address: _____

Telephone: _____ (home) _____ (work)

Diagnosis and History: _____

Prognosis: _____ Stable _____ Progressive

Visual Acuity: _____ Uncorrected _____ Corrected

OD _____

OS _____

Other Medical Problems: _____

Driving Issues: _____

Vocational Concerns: _____

RECOMMENDATIONS

DIAGNOSTIC

_____ Telescopic Evaluation

_____ Driving Evaluation

_____ Other (specify) _____

EQUIPMENT NEEDS

COST ESTIMATE

Doctor's Name: _____ Signature: _____

Date: _____

Dear Provider:

This is a blank copy of Medicaid's REVISED (10/93) Questionnaire for Prior Authorization for Low Vision Services. It is not "routinely" sent, so please save it for your future reference.

Please make copies of the Questionnaire to complete and send with your PA requests in order to expedite our review and response.

In order to facilitate Medicaid's review and processing of your request for Low Vision aids and services, all items on the Low Vision Information forms must be completed. Failure to provide complete documentation will result in automatic disapproval of your request. Do not use abbreviations when responding to each item if their use will (or might) result in misinterpretation or non-interpretation (e.g. "N/A" could mean "not applicable" or "not available").

DSS-MSA-VPA
P.O. Box 30164
Lansing, MI 48906

Documentation to Support the
Provision of Low Vision Services and Aids

Recipient's Name _____

Identification # _____

To facilitate processing of your request for low vision services and aids, All items on this form must be completed. Failure to provide complete documentation will result in automatic disapproval of your request. Do not use abbreviations as their use may result in misinterpretation and possible disapproval. Thank you for your cooperation.

Based on your Low Vision Evaluation, please provide the following information:

A. History

1. Recipient's goals:

2. Onset of low vision:

3. Names and approximate date(s) of eye care practitioners who have provided eye examinations during the past two years:

4. Type and date of any eye surgery(ies). Also indicate if any surgery is anticipated.

5. Type(s) low vision aids presently in use and when obtained?

6. Type(s) low vision aids previously obtained and no longer in use:

7. Type of contact lens(es) worn, past and present.

R _____

L _____

8. Relevant systemic problems:

B. Summary of Findings:

1. Complete ocular diagnosis(es), each eye:

2. Major affected areas:

a. To what extent is retina affected?

b. To what extent is lens affected?

c. To what extent is cornea affected?

d. To what extent are each of the above stable or unstable?

3. Specifications of present spectacles and visual acuities:

R	_____	Add	_____
Distance VA	_____	Near VA	_____
L	_____	Add	_____
Distance VA	_____	Near VA	_____

4. Specifications of best conventional spectacle correction at distance:

R	_____	VA	_____
L	_____	VA	_____

at near

R	_____	VA	_____
L	_____	VA	_____

5. Indicate nature and extent of any visual field defect:

6. Indicate magnitude and direction of heterotropia or nystagmus:

7. Other relevant conditions:

C. Treatment Plan

Please check all applicable items and provide appropriate information where requested. DSS-893 Order Form must accompany this document for all items that are identified by an asterisk (*).

1. _____ No low vision aids are needed at this time.

2. _____ If medical or surgical intervention could improve visual function or could arrest progressing visual loss, please identify procedure and indicate when and by whom will it be provided.

*3. _____ Best conventional spectacle correction is recommended. If you are requesting spectacles at this time, attach the Order form 893 to this form. Note: If you have recently ordered spectacles (within last 6 months), attach a copy of the order.

*4. _____ Aid recommended for distance use:

a) Manufacturer _____
Manufacturer Cat. No. _____
Specifications _____
Acquisition Cost: _____

b) Professional Fee _____

c) Total Charge _____

d) Indicate intended use, benefit, and visual acuit:

	<u>VA</u>	<u>Use</u>	<u>Benefit</u>
R	_____		
L	_____		

*5. _____ Aid recommended for near use:

- a) Manufacturer _____
 Manufacturer Cat. No. _____
 Specifications _____
 Acquisition Cost: _____
 - b) Professional Fee: _____
 - c) Total Charge: _____
 - d) Indicate intended use, benefit, and visual acuity
- | | <u>VA</u> | <u>Use</u> | <u>Benefit</u> |
|---|-----------|------------|----------------|
| R | _____ | | |
| L | _____ | | |

*6. _____ Aid recommended for multipurpose use:

- a) Manufacturer _____
 Manufacturer Cat. No. _____
 Specifications _____
 Acquisition Cost: _____
 - b) Professional Fee: _____
 - c) Total Charge: _____
 - d) Indicate intended use, benefit, and visual acuity
- | | <u>VA</u> | <u>Use</u> | <u>Benefit</u> |
|---|-----------|------------|----------------|
| R | _____ | | |
| L | _____ | | |

*7. _____ Other lens characteristics (special filters, prisms, etc.)

Characteristics: _____

Purpose: _____

Benefit: _____

Charge: _____

*8. _____ Other recommendations:

*9. _____ If visual rehabilitation services are required, justify necessity and number of office visits:

Signature of Examiner _____ Date _____



VISION SPECIALIST STATEMENT OF EXAMINATION

INSTRUCTIONS FOR DRIVER/APPLICANT:

You must have this statement completed by a vision specialist. This request is based on results of a vision screening at a local branch office, or other information received by this Department which indicates that you may have a visual condition which may affect your ability to safely operate a motor vehicle. Please return the completed form to the following address.

PLEASE NOTE: The Department may withhold licensing until this form is received and evaluated.
Unsigned or incomplete forms will be returned and could delay processing of your application.

.....

RELEASE OF INFORMATION

I, (Please Print or Type) _____ hereby authorize and request that information regarding my visual condition be released to the Michigan Department of State.

Driver License No. _____

APPLICANT'S SIGNATURE _____ DATED _____

ADDRESS _____ DATE OF BIRTH _____

_____ DAYTIME TELEPHONE _____

=====

INSTRUCTION FOR VISION SPECIALIST:

The Department of State asks your assistance in determining the visual condition of your patient. Your professional opinion, the answers to these questions and any other pertinent information will help the Department assess this individual's ability to safely operate a motor vehicle. Confidential information may be mailed directly to the Department at the address shown in the instructions to the Driver, above.

Please type or print your answers and if applicable, attach copies of abnormal fields.

Certification by vision specialist's signature is required on page 3.

FOR DRIVER IMPROVEMENT USE ONLY

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Favorable | <input type="checkbox"/> set up _____ | <input type="checkbox"/> Refer for reexamination |
| <input type="checkbox"/> Restriction | _____ | <input type="checkbox"/> Refer to Health Consultant |
| <input type="checkbox"/> Must Pass | _____ test | <input type="checkbox"/> Need additional information |
| <input type="checkbox"/> Unfavorable | | <input type="checkbox"/> Medical <input type="checkbox"/> Vision |

Reviewed By _____ Date _____

1. How long has this patient been under your care? _____

2. Date of most recent visual exam? _____

3. Visual acuity:		Without Lenses	With Present Lenses	Best Possible Correction
Right Eye	(OD)	20/	20/	20/
Left Eye	(OS)	20/	20/	20/
Both Eyes	(OU)	20/	20/	20/

*** Drivers with vision of 20/100 or less in one eye and the other eye as follows:
- up to and including 20/50 - full driving privileges
- less than 20/50 - not eligible for licensing

3a. Were new lenses prescribed? _____ If yes, date of delivery? _____

3b. Does the driver have any progressive diseases of the eye such as:

	yes **	no *
- Cataracts	_____	_____
- Glaucoma	_____	_____
- Senile Macular Degeneration	_____	_____
- Retinitis Pigmentosa	_____	_____
- Any malignancy	_____	_____
- Other	_____	Describe _____

3c. Specify other reasons for visual impairment _____

* Vision with **NO** progressive abnormalities or disease of the eye:
- less than 20/40 to and including 20/50 - full driving privileges
- less than 20/50 to and including 20/70 - daylight driving only
- less than 20/70 - not eligible for licensing

** Vision **WITH** progressive abnormalities or diseases of the eye:
- less than 20/40 to and including 20/50 - full driving privileges
- less than 20/50 to and including 20/60 - daylight driving only
- less than 20/60 - not eligible for licensing

4. Peripheral Vision

Horizontal Fields in degrees

Right Eye (OD) _____ °

Left Eye (OS) _____ °

Both Eyes (OU) _____ ° total * *

4a. Do you suspect visual field defect? Yes _____ No _____
IF SO, ATTACH COPY OF ABNORMAL FIELD

4b. Method used and test object size _____

Tangent screen _____ Perimeter _____

(6 millimeter target is used in Driver License Stations)

* * 140° to and including 110° - full driving privileges
- less than 110° to and including 90° - Subject to additional conditions and requirements
- less than 90° - not eligible for licensing

5. Should the Department require a periodic vision evaluation to monitor changes which may affect driving? _____

If yes, how often? _____

6. If you wish to make additional comments, please use the space below or additional sheets if necessary.

CERTIFICATION:

I certify that the statements contained in this statement of examination are true to the best of my knowledge and belief.

DOCTOR'S SIGNATURE _____ DATED _____

Name (Print or Type) _____ Optometrist or ophthalmologist

Address _____

Professional License No _____ Telephone No (_____) _____

THE FOLLOWING STANDARDS DO NOT TAKE INTO CONSIDERATION OTHER CONDITIONS WHICH MAY REQUIRE FURTHER RESTRICTIONS OR DENIAL OF LICENSE.

If more than one condition is present, read down the chart until all conditions are covered, e.g., a driver with a progressive disease such as cataracts, and 20/100 or less in one eye will be evaluated under #3.

The following standards are also repeated within the sections where they apply.

SUMMARY OF VISION SCREENING STANDARDS FOR DRIVER LICENSING IN MICHIGAN

Generally, drivers who meet screening requirements of 20/40 or better are granted full driving privileges unless a vision specialist recommends otherwise, or, other physical conditions require restrictions or denial of a license. Drivers who are screened at less than 20/40 fall into categories 1 thru 4 below.

-
- 1. VISION WITH NO PROGRESSIVE ABNORMALITIES OR DISEASES OF THE EYE:**
 - 1a. Less than 20/40 to and including 20/50 - full driving privileges
 - 1b. Less than 20/50 to and including 20/70 - daylight driving only
 - 1c. Less than 20/70 - not eligible for licensing
 - 2. VISION WITH PROGRESSIVE ABNORMALITIES OR DISEASES OF THE EYE:**
 - 2a. Less than 20/40 to and including 20/50 - full driving privileges
 - 2b. Less than 20/50 to and including 20/60 - daylight driving only
 - 2c. Less than 20/60 - not eligible for licensing
 - 3. DRIVERS WITH VISION OF 20/100 OR LESS IN ONE EYE AND THE OTHER AS FOLLOWS:**
 - 3a. Up to and including 20/50 - full driving privileges
 - 3b. Less than 20/50 - not eligible for licensing
 - 4. PERIPHERAL VISION**
 - 4a. 140° to and including 110° - full driving privileges
 - 4b. Less than 110° to and including 90° - subject to additional conditions and requirements
 - 4c. Less than 90° - not eligible for licensing
-

DEPARTMENT OF STATE

VISUAL STANDARDS FOR MOTOR VEHICLE DRIVERS' LICENSES

(By authority conferred upon the secretary of state by section 309 of Act No. 300 of Public Acts of 1949, as amended, being 257.309 of the Michigan Compiled Laws)

R 257.1 Vision examinations.

Rule 1. A drivers' license applicant and a licensed driver examined as required under chapter 3 of Act No. 300 of the Public Acts of 1949, as amended, being 257.301 to 257.327 of the Michigan Compiled Laws, in order to be licensed shall successfully pass a vision test authorized or administered by the department and meet other requirements of law. Whenever required hereunder, he shall submit a statement of examination on a form prescribed by or acceptable to the department which shall contain the name, address, title, and signature of an ophthalmologist or an optometrist, and the full name, address, date of birth, result of the examination, date of examination, and signature of the applicant.

History: 1954 ACS 81, p. 17, Eff. Nov. 13, 1974.

R 257.2 Unrestricted drivers' licenses.

Rule 2. An unrestricted driver's license may be issued to an applicant or licensee who has visual acuity of 20/40 and a peripheral field of vision of 140 degrees. Visual acuity less than 20/40 to and including 20/50 and a peripheral field of vision of 140 degrees or less and including 110 degrees may be accepted if the applicant or licensee submits a statement of examination on a form prescribed by or acceptable to the department signed by an ophthalmologist or optometrist.

History: 1954 ACS 81, p. 17, Eff. Nov. 13, 1974.

R 257.3 Restricted drivers' licenses.

Rule 3. (1) A restricted driver's license requiring the driver to wear appropriate corrective lenses while driving may be issued if corrective lenses are necessary to meet any vision requirement.

(2) A restricted driver's license permitting daylight driving only may be issued if an applicant or licensee submits a statement from an ophthalmologist or optometrist stating 1 of the following:

(a) He has visual acuity less than 20/50 to and including 20/70 with no recognizable progressive abnormalities affecting vision.

(b) He has visual acuity less than 20/50 to and including 20/60 with recognizable progressive abnormalities affecting vision.

(3) A restricted driver's license containing additional conditions and requirements may be issued to an applicant or licensee who has a peripheral field of vision of less than 110 degrees to and including 90 degrees. The applicant or licensee shall pass any driving test specified by the department.

(4) A restricted driver's license may contain additional conditions and requirements.

History: 1954 ACS 82, p. 17, Eff. Nov. 13, 1974.

R 257.4 Denial or suspension of drivers' licenses.

Rule 4. A driver's license shall be denied or suspended indefinitely if an applicant or licensee has visual acuity less than 20/60 with recognizable progressive abnormalities affecting vision; visual acuity less than 20/70 without recognizable progressive abnormalities affecting vision; visual acuity of 20/100 or less in 1 eye and less than 20/50 in the other; or a peripheral field of vision less than 90 degrees.

History: 1954 ACS 81, p.18, Eff. Nov. 13, 1974.

R 257.5 Additional examinations.

Rule 5. The department may require an additional examination of the applicant or licensee.

History: 1954 ACS 81, p.18, Eff. Nov. 13, 1974.

MICHIGAN DEPARTMENT OF STATE

RICHARD H. AUSTIN • SECRETARY OF STATE
STATE SECONDARY COMPLEX



LANSING

MICHIGAN 48918-1601

REQUEST FOR REEXAMINATION

(please print or type all information)

Driver license number		Today's date	
Driver's name (as it appears on license)		Birth date	
Street address	City	State	Zip

The department may schedule a reexamination for physical or mental infirmities or disabilities, vision deficiency, convulsive seizures or blackouts or episodes, or for other reasons which may effect driving. You must provide a description of an incident or a pattern of behavior, or other evidence which you believe justifies a reexamination. Please read the explanation on the reverse of this form.

As provided by Section 257.320 of the Michigan Vehicle Code, the above named driver is referred to determine if cause exists to conduct a reexamination.

Why should this driver be reexamined?

Request by private citizens to remain confidential will be respected, to the extent permitted by Michigan and Federal law.

Your signature is required. Please print or type all information.

Requestor's name	Agency (if applicable)
Street address	City State Zip
Phone number	Signature (required)

DRIVER ASSESSMENT REEXAMINATION CONTACTS

If the driver lives in:
(by counties)

Contact:

Upper Peninsula

Dan Pray
305 Ludington
Escanaba MI 49829-4048
(906) 786-4235
FAX (906) 786-8555

Alcona
Alpena
Arenac
Bay
Clare
Gladwin
Gratiot
Iosco
Isabella
Mecosta
Midland
Montcalm
Ogemaw
Oscoda
Osceola

Maurice Pahr
1225 N. Mission
Mt. Pleasant MI 48858-1050

(517) 772-9410
FAX (517) 772-3511

Antrim
Benzie
Charlevoix
Cheboygan
Crawford
Emmet
Grand Traverse
Kalkaska
Lake
Leelanau
Manistee
Mason
Missaukee
Oscoda
Otsego
Roscommon
Wexford

Doug Thalman
1759 Barlow
Traverse City MI 49684-3400
(616) 922-5222
FAX (616) 922-5347

Barry
Kent
Ionia
Montcalm

Kent Assessment Office
350 Ottawa Ave. NW
State Office Bldg.
5th Floor
Grand Rapids MI 49503-2339
(616) 456-8357
FAX (616) 456-9403

Oakland

Oakland Assessment Office
31 Oakland
Suite B Lower Level
Pontiac MI 48342-2087
(810) 335-6220
FAX (810) .335-2158

Macomb
St. Clair

Macomb Assessment Office
17900 E. 13 Mile Rd.
Roseville MI 48066
(810) 775-4660
FAX (810) 775-0927

Eastern Wayne County
including Detroit

Wayne Assessment Office
1200 Sixth St.
State Plaza Bldg. Suite 254
Detroit MI 48226-2418
(313) 256-1144
FAX (313) 256-3160

Western Wayne County
Monroe

Inkster Assessment Office
27165 Cherry Hill Rd.
Inkster MI 48141-1204
(313) 256-2624
FAX (313) 256-0948

REHABILITATION AGENCY LIST

NAME	ADDRESS/TELEPHONE NUMBERS
A & A Driving School	29200 Vassar Livonia, MI 48152 Ms. Phyliss Berk (313) 422-3000
Beaumont Hospital Rehab. Serv.	746 Purdy Street Birmingham, MI 48010 Ms. Susan Robosan (313) 258-3715 FAX (313) 258-1391
Beaumont Low Vision Center	3535 West 13 Mile Road, Suite 555 Royal Oak, MI 48072 (313) 551-2020 FAX (313) 551-2267
Broe Rehabilitation Services, Inc.	33634 W. Eight Mile Farmington Hills, MI 48335 (313) 474-2763 FAX (313) 471-1888
Center for Independent Living	4026 South Westnedge Avenue Kalamazoo, MI 49005 Ms. Barbara Baker (616) 345-1516 FAX (616) 385-8968

NAME**ADDRESS/TELEPHONE NUMBERS**

**Chelsea Community Hospital
Occupational Therapy**

**775 South Main Street
Chelsea, MI 48118-1399
Ms. Nancy Hall
(313) 475-1311 ext. 3332
FAX (313) 475-4025**

Disabled Driver Services

**P.O. Box 8107
Ann Arbor, MI 48107
Mr. Donald Henson
(313) 475-3830**

**Foote Hospital
Foote Outpatient Clinic**

**110 North Waterloo Street
Jackson, MI 49201
Ms. Penny Helfrich
(517) 788-4854**

**Heritage Hospital
Occupation Therapy Department**

**10000 Telegraph Road
Taylor, MI 48180
Ms. Dee Kaminski
(313) 295-5028**

**Macomb Center Hospital
Physical Rehabilitation Services**

**11800 East 12 Mile Road
Warren MI 48091
Ms. Liz Shupra
(313) 573-5123
FAX (313) 573-5493**

**Marquette Regional Medical Center
Occupational Therapy**

**420 West Magnetic
Marquette, MI 49855
Ms. Chris Erbisch
1-800-562-9753
FAX (906) 225-3180**

NAME**ADDRESS/TELEPHONE NUMBERS****Mary Free Bed Hospital****235 Wealthy Street S.E.
Grand Rapids, MI 49503-5299
Mr. Jerry Bouman
(616) 242-0343
FAX (616) 454-3939****McLaren Regional Medical Center
Occupational Therapy Department****401 South Ballenger
Flint, MI 48532
Ms. Margo Phillips
(810) 762-2360
FAX (810) 762-2390****McLaren Community Medical Center
Flushing****3280 North Elms Road
Ms. Cynthia Matsco
Flushing, MI 48433
(810) 659-0313
FAX (810) 659-8862****McLaren Regional Rehab Center
Head Injury Program****4448 Oak Bridge Drive
Flint, MI 48532
Ms. Betty Wilson
(810) 733-7488****Mid-Michigan Regional Medical Center****4005 Orchard Drive
Midland, MI 48670
(517) 839-3531
FAX (517) 839-3307****Munson Hospital
Neuro-Recovery****1001 Bay Street
Traverse City, MI 49684
Ms. Janet Wessels
(616) 929-1313
FAX (616) 929-9548**

NAME**ADDRESS/TELEPHONE NUMBERS****Neurological Recovery Systems****P.O. Box 1359
Royal Oak, MI 48067
Ms. Ann Shepard
Program Coordinator (313) 756-9800
Residential Systems Director (313) 293-9540****New Medico of Ann Arbor****3200 Eisenhower Pkwy
Ann Arbor, MI 48108
(313) 667-0070****Oakland County ISD
Low Vision Specialist****2100 Pontiac Lake Road
Waterford MI 48323-2735
Ms. Julie Unatin
(810) 858-2093
FAX (810) 858-1881****Providence Hospital
Physical Medicine, Driver Program****16001 West 9 Mile Road
Southfield, MI 48075
Ms. Margaret Cessante
(313) 424-3907
FAX (313) 424-5737****Rehabilitation Services****820 Center Street
Owosso, MI 48867
Ms. Paula Ray
(517) 725-8071****St. Johns Hospital - Macomb Center****26755 Ballard Road
Mt. Clemens, MI 48045
Ms. Kathy Stadwick
(313) 465-5501
FAX (313) 465-5510**

NAME**ADDRESS/TELEPHONE NUMBERS**

**St. Joseph Mercy Hospital
Occupational Therapy**

**900 Woodward Avenue
Pontiac, MI 48341-2985
Ms. Pam Damman
(313) 858-3111
FAX (313) 858-3199**

**St. Joseph Mercy Hospital
TBI Day**

**5301 East Huron River Drive
P.O. Box 995
Ann Arbor, MI 48106
Ms. Gerry Conti
(313) 572-3888
FAX (313) 572-5056**

**Sinai Hospital
Rehabilitation Medicine**

**6767 West Outer Drive
Detroit, MI 48236
(313) 493-5231
FAX (313) 493-5231**

**University of Michigan MedCentre
MedRehab**

**355 Briarwood Circle
Ann Arbor, MI 48108
Ms. Pam Van Buren
(313) 998-7911
FAX (313) 998-7914**

Vision Enrichment Services

**215 Sheldon S.E.
Grand Rapids, MI 49503
Ms. Betty Rittersdorf
(616) 458-1187
Director Low Vision Services**

arehab.all



STATEMENT ON THE USE OF BIOPTIC TELESCOPES FOR DRIVING

The American Optometric Association acknowledges that driving is not a right but a privilege. Issues related to public safety are of primary concern. However, access to driving privilege should not categorically be denied to individuals who may have reduced visual acuity but with adequate residual vision and cognition and who demonstrate ability as qualified, competent drivers. This paper describes the bioptic driving population, the multifaceted aspects of vision, principles of bioptic telescopes, current vision criteria used for drivers licensure, and multidisciplinary adaptive driver education programming. It reviews current research and suggests areas of future research and interdisciplinary cooperation. The American Optometric Association calls for a rational approach to consideration of individuals adapted to bioptic telescopic spectacles who apply for drivers licensure.

WHO ARE THE BIOPTIC DRIVING POPULATION?

Current figures show that approximately 10 million Americans are significantly visually impaired today,⁽¹⁾ and U.S. Census projections and other sources indicate as many as 15.7 million will be visually handicapped by the year 2050, ranging from mild impairment to total blindness.^(2,3) The majority of these individuals have distance visual acuity in the 20/50 to 20/200 range. Visual acuity alone may be a useful quantitative measure, but does not provide a qualitative measure of the multifaceted visual skills that impact driving. Abilities related to visual field, color perception, contrast discrimination, photosensitivity and glare recovery, oculomotor skills, etc., along with cognitive factors vary in the visually handicapped population suggesting the need for thorough evaluation and individual consideration.⁽⁴⁻²⁰⁾

Access to independent mobility at any level is a primary goal in vision rehabilitation. Livelihoods may depend on independent mechanized mobility. For the purposes of this paper the segment of the "low vision" population referred to has undergone a current comprehensive low vision evaluation by an optometrist or ophthalmologist assessing the status of ocular pathology and addressing the multiple visual factors described above. Prescription of bioptic telescopic spectacles may be appropriate to meet a variety of visual needs especially in relation to education, employment and ambulatory mobility. The optometrist or ophthalmologist may have the opportunity to select candidates who may be able to master dynamic skills required for driving with the use of bioptic telescopes. The eye care practitioner may work with associated professionals in blind rehabilitation, driver education, occupational and physical therapy and/or state driver improvement departments to assist appropriate individuals in gaining drivers licenses. As of June, 1994, 29 states permit driving with bioptic telescopic lenses.⁽²¹⁾ Obtaining bioptic telescopic spectacles does not guarantee that an individual will be granted a drivers license in those states. The effectiveness of an individual's visual and functional performance with the bioptic telescopic system should be the determining factor for the licensing agency on a case-by-case basis.

WHAT ARE BIOPTIC TELESCOPES?

Bioptic telescopes are spectacle mounted devices that magnify distant objects. They are permanently fixed on a spectacle carrier lens fabricated to the patient's conventional prescription (and tint, when appropriate). Bioptic telescopes are mounted off axis, usually in the superior position but, depending on the patient's need, may be fixed in other positions. They may be monocular or binocular. A few states require superior mounting; most do not specify telescopic placement. Diversity in technology of telescopic design requires an individual approach to fitting, training and specific use while driving. (5-15,21,22)

HOW ARE BIOPTIC TELESCOPES USED FOR DRIVING?

Issues related to bioptic telescopes and driving are well documented. (4-10,21-24) Individuals using bioptic telescopes for driving view mainly through the prescriptive carrier lens thus maintaining visual field as though viewing through conventional spectacles. Persons eligible for licensure with bioptic telescopes are those select individuals who are able to see large objects through their carrier lenses but may not be able to discern details or read signage from great distances. When detailed vision is required, telescopic view is engaged with a head and/or eye movement - thus the term "bioptic". One criticism of the use of bioptic telescopes for driving stems from the misconception that the telescope portion is used continually, thus limiting visual field. (24) Actually, the telescopic portion of the bioptic system is in use only a small percentage of driving time. (21) When the concept is understood and mastered, this misconception erodes.

WHAT ARE THE VISION CRITERIA USED FOR DRIVING?

Two types of drivers licenses for persons with reduced visual acuity currently exist nationally, though specific criteria vary from state to state:

1. Restricted license - e.g. daytime only, limited distance, limited purpose or excluding freeway use, etc. A restricted license, depending on state regulations, may be granted to individuals with spectacle acuity of 20/40 to 20/120 in the better eye. Some states have a minimum binocular visual field requirement. (21)
2. Bioptic Telescopic System License - specifications are not uniform in the 29 states that license bioptic drivers. The minimum acuity allowable through the telescopic system may be 20/70, however most states specify corrected acuity with the telescope to fall in the 20/40 to 20/50 range. (21)

Some individuals may obtain licenses that are a combination of both types. License renewal policies vary widely from state to state.

WHAT OTHER FACTORS SHOULD BE CONSIDERED?

Requirements for both distance visual acuity and field specifications do not necessarily provide a qualitative understanding of the individual's visual performance and driving skill. Cognition and perceptual ability play important roles in addition to visual skills outlined previously. Multidisciplinary adaptive driver education programs can be very helpful in training potential candidates in efficient usage techniques and other compensatory and defensive driving techniques. (4-6)

WHAT ISSUES ARE RELATED TO RESEARCH?

Data regarding driving with bioptic telescopes is insufficient to categorically deny driving privileges to bioptic users. Small samples to date generally show that bioptic drivers fare as well or better than groups of other licensed handicapped populations. (9,21-23)

Larger samples and formalized cooperative studies are necessary to reach conclusions that impact public safety and access to independent mechanized mobility for bioptic users. Necessary studies could not be designed or administered if bioptic users are denied the opportunity to demonstrate their driving performance. Funding for these studies should receive priority in the national research plan.

HOW CAN OPTOMETRISTS SERVE TO HELP CLARIFY ISSUES RELATED TO BIOPTIC DRIVERS?

1. Provide comprehensive low vision evaluations to potential bioptic driving candidates encompassing multiple factors related to driving. Optometrists who do not practice low vision and do not provide comprehensive low vision services should be aware of appropriate service providers for referral.
2. Be aware of the traditional and new bioptic telescopic design technology that meets the needs of appropriate candidates on an individual basis.
3. Participate in the development of adaptive driver education programs geared to bioptic drivers.
4. Contribute to national and state research studies related to bioptic driving.
5. Provide expertise to State Department of Motor Vehicles Medical Advisory Committees and national panels and symposia as policies related to driver improvement, vision function and use of bioptics for driving are developed and implemented.

Note: This paper deals with use of bioptic telescopes for driving only. A separate document addressing general issues regarding vision function and driving is currently in process.

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