

**BLIND REHABILITATION SERVICE  
NATIONAL PROGRAM CONSULTANT PROCEDURES**

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook defines and describes the VHA Blind Rehabilitation Service National Program Consultant program.
- 2. SUMMARY OF CHANGES.** This is a new VHA Handbook defining the scope and operational procedures of the National Program Consultant Program.
- 3. RELATED ISSUES.** VHA Directive 1174 (to be published).
- 4. RESPONSIBLE OFFICE.** The Office of Patient Care Services, the Chief Consultant, Rehabilitation Strategic Healthcare Group (117) is responsible for the contents of this VHA Handbook. Questions may be referred to the Director, Blind Rehabilitation Service at 202-273-9163.
- 5. RECISSIONS.** None.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for re-certification on or before the last working day of February 28, 2013.

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DISTRIBUTION: CO: E-mailed 2/07/2008  
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 2/07/2008

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## BLIND REHABILITATION SERVICE NATIONAL PROGRAM CONSULTANT PROCEDURES

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook defines the Blind Rehabilitation Service (BRS) National Program Consultant (NPC) and the procedures for the provision of services that fall within the NPC's purview.

### 2. BACKGROUND

The BRS NPC position was established to ensure the efficiency and effectiveness of care provided to blinded veterans across all BRS programs. NPCs are field representatives for the Director, BRS, and are placed in locations that facilitate support and oversight of all BRS field elements. The five NPCs are currently stationed at Department of Veterans Affairs (VA) facilities in Birmingham, AL; Chicago, IL (Hines); Palo Alto, CA; Tucson, AZ; and West Haven, CT. The NPCs have an operational emphasis on catchment areas, or geographically delineated areas of responsibility.

### 3. DEFINITIONS

a. **Blind Rehabilitation Center (BRC)**. A BRC is a special organizational unit in a VA medical center which provides comprehensive and individualized rehabilitation programs for blind and visually impaired veterans and active duty service members. An interdisciplinary team approach is used in a peer support environment. Team members focus their efforts on promoting health, developing skills of independence, and improving the blinded veteran's adjustment to sight loss with the ultimate goal of successfully reintegrating the individual into the family and community environment.

b. **Blind Rehabilitation Outpatient Specialist (BROS)**. A BROS is a multi-skilled, university-trained (Bachelor's or Master's Degree in Blind Rehabilitation) and experienced blind rehabilitation instructor who has advanced technical knowledge and competencies at the journeyman level in at least two of the following disciplines: orientation and mobility; living skills; manual skills; and visual skills. The BROS has been cross-trained to acquire broad-based knowledge in each of these disciplines along with knowledge of computer access training.

c. **Continuum of Care**. The continuum of care consists of vision rehabilitation services ranging from basic outpatient low vision care provided by eye care professionals, to advanced outpatient low vision care involving a team of eye care specialists and rehabilitation professionals, to outpatient blind rehabilitation services, and finally to inpatient blind rehabilitation services. Patients are referred to the type program that best matches their functional needs.

d. **Legal Blindness**. Legal blindness exists when best corrected central visual acuity in the better-seeing eye is less than or equal to 20/200, or visual field dimension in the better-seeing

eye is less than or equal to 20 degrees at the widest diameter, even if central visual acuity is better than 20/200.

e. **NPC Annual Narrative.** The NPC annual narrative is a comprehensive report completed by each National Program Consultant and submitted to BRS, VA Central Office no later than October 31st of each year. The report provides detailed statistical information regarding the consultant's primary service area. It also includes workload data relevant to all aspects of the BRS programs in the consultant's service area.

f. **Visual Impairment Center To Optimize Remaining Sight (VICTORS).** VICTORS is a short-term low vision rehabilitation program for visually impaired veterans. Services may be inpatient or outpatient.

g. **Visual Impairment Services Outpatient Rehabilitation (VISOR).** A VISOR is an outpatient, hospital-based program providing an abbreviated rehabilitation program.

h. **Visual Impairment Services Team (VIST).** VIST is a team comprised of health care and allied health care professionals charged with the responsibility of ensuring that blind veterans are identified, evaluated, and provided health and rehabilitation services to maximize adjustment to sight loss. Representatives may include, but are not limited to: social work, ophthalmology, optometry, prosthetics, primary care, vocational rehabilitation, library service, nursing, audiology, podiatry, nutrition, psychology, the Veterans Benefits Administration (VBA), blind veterans' consumer organizations, blind consumers, and state and/or community agencies for persons who are blind.

i. **VIST Coordinator.** A VIST Coordinator is a case manager who has major responsibility for the coordination of services for visually impaired veterans and their families. The VIST Coordinator is often the entry point into the continuum of care for visually impaired veterans. Duties include providing and/or arranging for the provision of appropriate rehabilitation services and devices (e.g., referrals to BRCs, and/or BROS, and/or outsourced services) in order to enhance a blinded veteran's functioning level. Other duties include identifying new cases of blindness, providing professional counseling, meeting specific objectives established by the VIST, arranging VIST Reviews, and conducting educational programs relating to VIST and blindness.

#### **4. SCOPE**

BRS enhances the quality of life of veterans and military personnel who have experienced vision loss. BRS professional staff assist these individuals in the development of personal independence and reintegration into family and community. The NPC's role is to support efficient and cohesive delivery of blind rehabilitation services; to develop and maintain efficient and dynamic lines of communication among the various VHA Blind Rehabilitation Programs; to fulfill prescribed BRS program objectives; and to assist in the development of new program goals and objectives. The NPC's input into this process is developed from the unique perspective that the NPC acquires through frequent professional contact with a diverse range of BRS personnel.

## 5. RESPONSIBILITIES OF THE BRS NPC

a. Each BRS NPC is responsible for:

(1) Creating and maintaining effective lines of communication among the various local, regional, and national levels of VHA Blind Rehabilitation Service. This is done by the NPC being:

(a) Knowledgeable of BRS policies, procedures, and standards of practice; and

(b) Able to articulate BRS goals and objectives directly to VA Medical Center administrators, Veterans Integrated Service Network (VISN) administrators, and other VA Central Office management personnel.

(2) Assisting in the creation and implementation of the didactic models for BRC training programs, Visual Impairment Services Team (VIST) operations, and for Blind Rehabilitation Outpatient Specialist (BROS) field training activities.

(3) Performing ongoing review and evaluation of the various blind rehabilitation services, and reporting the findings to the Director, BRS, VA Central Office, such as:

(a) Strategizing with all involved BRS personnel to address pertinent issues in a timely and efficient manner; and

(b) Performing follow-up evaluations within a prescribed timeline to determine the effectiveness of strategic interventions.

(4) Keeping abreast of data produced by VA research personnel connected to BRS, reviewing documented BRS outcome data, and noting trends relevant to future BRS planning; this includes:

(a) Articulating these findings in a manner that will help BRS maintain the highest level of quality assurance; and

(b) Assisting in the formulation of strategies to accommodate future BRS needs based on pertinent research data.

(5) Supporting all field elements of BRS. The NPC works directly with BRCs, VIST Coordinators, BROS, BRS advisory panels, and other related VA personnel to maximize operational mechanisms and imperatives. By creating a cooperative, flexible, and adaptive atmosphere, it works to achieve an operational balance among all BRS elements.

(6) Documenting the activities related to the NPC scope of service.

(7) Obtaining and maintaining data from other BRS field elements to use for analysis, reporting, and quality improvement efforts.

b. BRS National Program Consultants may be assigned to special projects at the discretion of the Director, BRS. An NPC may be assigned to a project based on any number of identifiable variables, and these projects may not necessarily be confined to the NPCs catchment areas.

## 6. AREAS OF NPC RESPONSIBILITY

a. **VHA BRC.** The NPCs work in a wide variety of ways to assist the BRCs in maintaining the highest level of services for blinded veterans. NPCs maintain communication with the Directors of the BRCs to promote product and service parity across all of the VA BRCs. The NPCs are responsible for:

(1) Gathering and tracking data as it relates to BRC admissions, discharges, types of blind rehabilitation programs received by blinded veterans, length of stay, enumerated waiting list sizes, waiting list trends, and outcome measures as they relate to achieving BRC program goals and objectives.

(2) Coordinating flexible paradigms between the BRCs and field elements to meet the changing needs of BRS, and ultimately the blinded veterans that they serve.

(3) Supporting, on a continuing basis, BRC staff with information and educational media, and providing direct training to BRC staff, when appropriate.

(4) By working closely with the Director, BRS, and BRC Directors to ensure a continuity of program goals and objectives.

(5) Assisting in the development problem-solving strategies, when issues arise, and keeping local, regional, and national BRS personnel well informed throughout the process.

### b. **VIST Coordinators**

(1) Actively supporting the efficiency and effectiveness of VIST Coordinators, the NPC:

(a) Assists in the recruitment and education of VIST coordinators.

(b) Provides training and orientation for newly hired VIST Coordinators at the local facility.

(c) Helps VIST coordinators:

1. Develop VIST services to meet the needs and demands of blinded veterans within the VIST service areas.

2. Develop new strategies for problem solving, while also helping to implement and utilize strategies from other successful VIST operations.

3. Utilize local professional resources for blinded veterans.

4. Develop local training programs to address the needs of blinded veterans that are not best suited for training at a BRC.

5. Develop VIST services that address the holistic needs of the blinded veteran, including developing strong working relationships with other governmental and private agencies that may address housing, employment, financial, or other health related issues.

(2) The NPCs are responsible for:

(a) Instructing the VIST coordinators with regard to establishing and achieving VIST program goals and objectives.

(b) Since the NPC has a strong working knowledge of VA benefits, educating the VIST coordinators regarding these benefits.

(c) Developing a positive relationship between VIST coordinators and the BRCs.

(d) Facilitating ongoing dialogue among VIST coordinators during regularly-scheduled conference calls.

(e) Conducting benefits reviews for select veterans during site visits, as appropriate.

(f) Gathering data from VIST coordinator reports, maintaining this data, and noting trends.

(g) Providing ongoing evaluations of services.

c. **BROS**

(1) The NPC assists in the recruitment and education of BROS, and provides training and orientation for newly hired BROS, and coordinates supplemental training for these specialists with BRCs, and with other recognized educational bodies.

(2) Since the nature of the BROS position requires an extensive and comprehensive knowledge of blind rehabilitation training methodologies, the NPC assists the BROS in acquiring new skill sets when necessary, and helps the BROS identify locally-recognized blind rehabilitation specialists who may be able to help the BROS achieve training objectives for blinded veterans.

(3) The NPC helps to solidify the cooperative relationship between VISTs and BROSs, and supports the team dynamic among BRCs, VISTs, BROSs, and NPCs.

(4) NPC collects data from BROS reports, and:

(a) Monitors activities to ensure that blind rehabilitation training is being provided in a timely manner to blinded veterans.

(b) Reviews BRC and local BROS training data to protect against any unnecessary and costly duplication in services provided by BRS.

(c) Conducts BROSs program review and evaluation.

d. **Facility Site Visits**

(1) **Program Review Site Visits**

(a) Formal site visits by NPCs to VHA facilities must be coordinated with the Directors of those facilities and must include:

1. Entry meetings with the Directors or their representatives and conclude with a verbal briefing with the Directors or their representatives.

2. Reviews of the BRS programs at those facilities based on VHA Handbooks and VHA Directives.

3. Interviews conducted with BRS staff and with management staff who support or supervise the BRS program.

4. Reviews of documentation related to BRS operations.

(b) Site visit reports must:

1. Include findings, conclusions, and recommendations.

2. Be submitted by the NPC within 15 days, of the completion of the site visit, through the Director of BRS and through appropriate VHA channels to the Directors of visited facilities.

(c) Facility Directors must respond with comments to site visit recommendations in a timely manner.

(2) **Staff Training Site Visits.** To support the effectiveness of services provided to blinded veterans at local facilities, NPCs conduct site visits to provide direct training for BRS staff and for facility staff who support the BRS program.

(a) These site visits include entry meetings with the Director, or representatives, and conclude with a verbal briefing with the Director, or representatives.

(b) The NPCs must submit, to the facility Director, a report of training provided with a copy to the Director, BRS, VA Central Office.

e. **Blind Rehabilitation Service Educational Programs.** NPCs has an active role in the planning, facilitating, and development of national training initiatives, and works with the VA Employee Education System (EES) and BRS Central Office to address the topics to be covered at the training sessions.



f. **Technical Advisor to VISOR, VICTORS, or new BRS Programs.** At the request of the Director, BRS, the NPC serves as a technical advisor to VISOR, VICTORS, and any new BRS program.

g. **Accreditation.** The NPC works to ensure BRS compliance with the Commission on Accreditation of Rehabilitation Facilities (CARF) and The Joint Commission standards as they apply to BRS programs.

h. **Prosthetic Recommendation.** The NPC ensures compliance with VHA Handbooks and other Prosthetic Clinical Management Program (PCMP) documents pertaining to the issuance of prosthetics for the visually impaired. NPCs, as subject matter experts, seek to bring potentially-superior and newly-developed blindness prosthetics to the attention of BRC directors for product evaluation.

i. **Reports**

(1) **Narrative Report.** The NPC submits an annual narrative report to the Director, BRS (117B), VA Central Office. This narrative must reflect pertinent statistical data as they relate to the main field elements of BRS (i.e., BRCs, VISTs, BROS, VISORS and NPCs). This narrative is to highlight accomplishments, areas of concern, special projects, information gained from site visit evaluations, and newly-formulated strategies to improve BRS.

(2) **Site Visits.** NPC must submit a site visit report to the Director, BRS, for all program reviews conducted at VHA facilities.

j. **Outreach and Public Relations**

(1) Entrusted with securing a positive image of BRS and cultivating professional support for BRS, the NPCs conduct seminars, and in-service programs for Federal, state, municipal, and private organizations and institutions.

(2) The NPCs strive to advance the BRS expansion by maintaining positive relationships with VISN administrators, VA Medical Center administrators, and service organizations who seek to further the BRS cause.

(3) The NPCs instruct BRCs, VISTs, and BROSs with regard to the importance of maintaining these positive relationships.

## 7. SUPERVISORY STRUCTURE

Where an NPC position (General Schedule (GS)-601) exists, or is to be established, the position is under the general supervision of the Associate Medical Center Director or Chief of Staff.

a. This supervision is primarily administrative, collaborative, and consultative in nature. Primary responsibility for assignments rests with the Director, BRS, VA Central Office.

b. Performance evaluation of the NPC is done by a collaborative effort between the Associate Medical Center Director, or Chief of Staff, and the Director, BRS, VA Central Office.

## 8. RECRUITMENT AND PROMOTION

a. The NPC position is advertised at the medical center in which the position resides. Positions are Hybrid Title 38 positions and subject to a Professional Standards Board (PSB) review and recommendation.

b. Although the full-performance level position is at the GS-13, recruitment may be at the GS-12 level.

(1) The position may be filled non-competitively at the target grade by reassignment of an eligible candidate or by a qualified higher level candidates who may change to the lower grade.

(2) The position may be filled by a qualified candidate eligible for excepted appointments under the Schedule A, and the "30 Percent" Disabled Veteran Appointment Authorization.

c. Promotion to the target grade depends on performance and program development. The incumbent is not to be promoted without obtaining the concurrence of BRS, VA Central Office, through the office of the respective VISN Director.

## 9. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The facility Director of each facility having a position identified as National Program Consultant, GS-601, must:

a. Ensure that the position description and functional statement reflecting the position's organizational alignment under the Associate Medical Center Director, or Chief of Staff, is updated and available upon request.

b. Notify BRS, VA Central Office, of vacancies in NPC positions and request assistance in recruitment. *NOTE: The recruiting facility determines the grade level at which the position will be filled.*

c. Forward the name of the appropriate candidate to the Director, BRS for concurrence prior to PSB review.

d. In order to promote the incumbent to the full-performance level, obtain the concurrence of BRS in VA Central Office and PSB action.