

1. The person is a former client of the Commission who was previously found eligible pursuant to N.J.A.C. 10:91-2.1 through 2.5 and the date on which the person was most recently referred to the Commission is not more than one year after the date on which the person's most recent case was closed;

2. The person is a former client of the Commission who was previously found eligible pursuant to N.J.A.C. 10:91-2.1 through 2.5, and whose eye condition, as reported on the most recent Commission eye report is one which generally remains stable; or

3. The person is a client of another Federal, state, local or community-based agency and is being referred to the Commission by that agency's staff person who has documentation from an eye practitioner on file that the person being referred is visually impaired. Such documentation shall be requested by Commission staff within 14 days of receipt of referral.

(b) A person shall not be presumed eligible for those Commission services for which there is a financial needs standard (see N.J.A.C. 10:91-3.1 through 3.3).

(c) If, at any time, a Commission caseworker receives information which suggests a person who has been presumed eligible may not be eligible, then the caseworker will commence a full eligibility determination.

3. Income may be verified by pay stubs, or check stubs from pensions or benefits. The caseworker may request the previous year's income tax forms to identify any additional income or to verify the number of individuals reported as dependent on family income. Dependent refers to the total number of individuals dependent on family income, consistent with what is reported on IRS income tax forms.

4. A home occupied by a client as a residence is not counted as a resource. Income from property shall be counted after deducting the cost of operation and maintenance from the gross income received.

5. Existing insurance policies shall not be counted as a resource but clients are advised to check to see whether they are eligible for disability payments. Disability payments received shall be counted as income at the time they are received.

6. Personal effects such as personal apparel, jewelry, and household effects shall not be counted as a resource.

7. The client or parents shall be told that the financial survey form and financial participation worksheet shall become part of the client's confidential case record.

8. Client or parent refusal to provide financial information or to sign the financial survey form shall be noted in the client's case record.

9. A copy of the completed survey shall be offered to the client, and mailed if requested.

10. The Financial Survey Form is as follows:

SUBCHAPTER 3. FINANCIAL STANDARD

10:91-3.1 Financial need standard and survey

(a) The financial need standard is a test which shall be used to determine a client's ability to pay for certain services. For those clients who qualify, the Commission shall provide the cost of these services. For clients who do not qualify, the standard establishes the level of their responsibility toward the cost of those services. The Financial Survey Form and the Financial Participation Worksheet are the documents used to gather and analyze information needed to determine financial eligibility. The exception is college tuition assistance where the Commission utilizes the standard forms required by many college applicants for financial aid.

(b) The following concerns the Financial Survey Form:

1. A financial survey form shall be completed for each new and readmitted client at the time of the first authorization for any services subject to financial need. The client supplies the information and the primary caseworker completes the form.

2. Survey forms shall not be mailed to clients for completion.

FINANCIAL SURVEY FORM

1. Client Name and SS# _____
2. Counselor and date _____

ANNUAL FAMILY INCOME:

3. Amount of Gross Pay of Client (Before Deductions) _____
4. Amount of Husband/Father Gross Pay (If applicable) _____
5. Amount of Wife/Mother Gross Pay (If applicable) _____
6. Amount of Guardian and/or other contributing family member Gross Pay _____
In items 7 through 16, list the amount, how often paid and when benefits will cease:
7. Unemployment/Temporary Disability Insurance _____
8. Worker's Compensation _____
9. VA Pension _____
10. Supplemental Security Income _____
11. Social Security Retirement or Disability _____
12. Welfare _____
13. Income from property _____
14. Alimony or child support _____

15. Other income (specify) _____
16. GROSS TOTAL CASH INCOME FROM ALL SOURCES (TOTAL LINES 3-15) _____
17. Total Number of Persons Depending on Family Income, Including Client _____

MEDICAL INSURANCE: (Check appropriate Space) _____
 Blue Cross; _____ Blue Shield; _____ Rider J or Major Medical; _____ Medicare-Part A _____ or Part B _____; _____ Medicaid; _____ Other; Specify _____

The information given above is a true statement of my financial condition.

Signature of Client/Guardian _____

A review of the information on this form on the following date(s) indicates that there had not been a substantial change in the client's financial situation:

Date No. 1: _____

Date No. 2: _____

Date No. 3: _____

Date No. 4: _____

(c) The Financial Participation Scale at N.J.A.C. 10:91-3.4(a) establishes the client's level of financial responsibility toward the cost of the service(s) or equipment.

(d) The Financial Participation Worksheet includes the following instructions and calculation:

1. Enter the cost of the services in the space "A" below;

2. Locate the Sliding Fee scale corresponding to the family size and identify the income range into which the annual gross income fits. (See line 16 on the Financial Survey Form);

3. Locate the applicable percentage to the right of that range. Enter that percentage in the space "B" below;

4. Multiply the cost of the services by that percentage; and

5. The result obtained is to be written at "C" below. This is the amount of the consumer's financial participation in the acquisition of the services.

A. _____ x B. _____ = C. _____
 Cost of Services Applicable percentage Amount of Consumer's Participation

ANNUAL FINANCIAL CONTRIBUTION ARRANGEMENT: (See N.J.A.C. 10:91-3.4)

10:91-3.2 Financial need standard applied to adaptive living skills/prevention and education services

(a) The following table indicates the application of the financial need standard to prevention/adaptive living skills and education clients pursuant to N.J.A.C. 10:91-3.1:

	Adaptive Living Skills/ Prevention Services	Education Services
Purchase of: Maintenance	yes	not applicable
Training Equipment	yes	yes*
Homemaking:		
Daily Living Aids	yes	yes*
Optical or Accessory Low Vision Aids	yes	yes*
Projection or Electronic Low Vision Aids	yes	yes
Transportation	yes (except when provided for evaluation purposes)	yes (except when provided for evaluation purposes)
Hospitalization	yes	yes
Surgery and Treatment	yes	yes
Mental Restoration Services	yes	yes
Diagnostic Evaluations	no	no
Prosthetics	yes	yes
Eye Glasses and Lenses	yes	yes
Textbooks and Materials	not applicable	no
Other Training and Job Placement Related Services	not applicable	not applicable

* except when provided by the Meyer Center

10:91-3.3 Financial need standard applied to vocational rehabilitation services

VR services subject to the needs test standards are identified in N.J.A.C. 10:95.

10:91-3.4 Financial participation by clients

(a) Participation by a client in the cost of services subject to financial need shall be required up to the calculated participation amount as follows:

FINANCIAL PARTICIPATION SCALE

This schedule establishes the client's level of responsibility (%) towards the cost of the service or equipment, etc.

Family Size: ONE		
Family Income		%
0	\$15,000	0%
\$15,001	25,000	2%
25,001	35,000	7%
35,001	40,000	10%
40,001	45,000	20%
45,001	50,000	30%
50,001	55,000	40%
55,001	60,000	50%
60,001	65,000	60%
65,001	70,000	70%
70,001	75,000	80%
75,001	85,000	90%
85,001	Above	100%

Family Size: TWO		
Family Income		%
0	\$20,000	0%
\$20,001	30,000	2%
30,001	40,000	7%
40,001	47,000	10%

Family Size: TWO		
Family Income		%
47,001	53,000	30%
53,001	60,000	40%
60,001	65,000	50%
65,001	70,000	60%
70,001	80,000	70%
80,001	85,000	80%
85,001	90,000	90%
90,001	Above	100%

Family Size: THREE		
Family Income		%
0	\$25,000	0%
\$25,001	38,000	2%
38,001	45,000	7%
45,001	50,000	10%
50,001	55,000	20%
55,001	60,000	30%
60,001	65,000	40%
65,001	70,000	50%
70,001	75,000	60%
75,001	80,000	70%
80,001	85,000	80%
85,001	90,000	90%
90,001	Above	100%

Family Size: FOUR		
Family Income		%
0	\$30,000	0%
\$30,001	40,000	3%
40,001	50,000	7%
50,001	60,000	15%
60,001	70,000	35%
70,001	80,000	55%
80,001	90,000	75%
90,001	95,000	95%
95,001	Above	100%

Family Size: FIVE		
Family Income		%
0	\$ 35,000	0%
\$ 35,001	45,000	3%
45,001	50,000	7%
50,001	60,000	10%
60,001	70,000	30%
70,001	80,000	45%
80,001	90,000	65%
90,001	100,000	95%
100,001	Above	100%

Family Size: SIX		
Family Income		%
0	\$40,000	0%
\$40,001	55,000	3%
55,001	65,000	10%
65,001	80,000	30%
80,001	95,000	50%
95,001	115,000	75%
115,001	Above	100%

Family Size: SEVEN OR MORE		
Family Income		%
0	\$60,000	0%
(Or More)		0%

(b) The client's financial participation amount shall be applied to services authorized in the one year period from the date on which the financial participation amount was determined, except for instances in which there is a change in income or resources during that period of time.

(c) The client and the primary caseworker shall mutually agree upon the financial participation arrangement, which shall be documented in the case file. Payments by the client shall be made directly to the vendor. Clients shall be expected to participate up to the calculated participation amounts as first dollar payments.

(d) The Financial Needs Survey shall be reviewed annually.

10:91-3.5 Commission as last dollar resource

(a) Commission funds shall not be used until all other sources (comparable services) have been exhausted.

1. All applicants/clients shall be required to use or apply for comparable services for which they are eligible to cover, in whole or in part, the cost of services unless this will cause a significant delay in the provision of services.

SUBCHAPTER 4. DESCRIPTION OF SERVICES

10:91-4.1 Services available to New Jersey residents

(a) The following services are available to all New Jersey residents:

1. The regional offices shall provide outreach, information/referral services and process applications for anyone contacting the Commission's toll free number (1-800-962-1233), or by any customary means of communication.

2. The diabetic eye disease detection program promotes the early detection and monitoring of retinal and other ocular changes in known diabetics.

3. The pre-school vision screening program provides visual acuity and muscle imbalance screening to preschool and kindergarten children, to detect symptoms of amblyopia and other eye conditions that may cause visual impairment or loss.

4. The glaucoma detection program provides follow-up for glaucoma suspects and others individually referred from screening.

5. The mobile eye examination program provides eye examinations to individuals for whom eye care is unavailable or available on a limited basis at sites such as housing projects, senior citizens centers, nursing homes, institutions, and community based programs.

6. The migrant eye examination program provides eye examinations and follow-up service to children of migrant laborers who are attending school.

10:91-4.2 Services available to applicants

(a) Referral to vision related diagnostic services is available to applicants as follows:

1. An ophthalmological exam, that is, an initial vision evaluation performed by an ophthalmologist including provision of a report which contains the physician's definitive diagnosis, prognosis, recommendations and classification;
2. An optometric exam, that is, an initial vision evaluation performed by an optometrist including provision of a report and classification; or
3. Evaluation by other vision specialists, such as, an examination by a corneal specialist, neuroophthalmologist, retinal specialist, or pediatric ophthalmologist.

(b) Additional assessment and/or referral services may be provided to applicants for whom a caseworker determines there is a health and safety issue. These assessment services may include, but are not limited to:

1. A daily living skills evaluation, that is, a written assessment relative to a client's ability to perform personal management tasks (for example, grooming, cooking);
2. An orientation and mobility evaluation, that is, an assessment whose outcome is a written report which delineates strengths, weaknesses and needs relative to a client's ability to establish position in and relationship to objects in the environment and to move from one location to another;
3. An eye health skills evaluation, that is, a written assessment relative to a client's ability to secure or carry out the appropriate treatment for an eye condition; or
4. An evaluation by a social worker, that is, a written assessment relative to housing, health care, nutrition, adequate income, family and social supports.

(c) Additional services which ensure the provision of diagnostic and evaluation services as specified in (a) and (b) above are available to applicants as follows:

1. Transportation, that is, expenditures for transporting clients, and their escorts or attendants, if necessary, incidental to the provision of diagnostic services, including costs of travel and subsistence (or per diem allowance in lieu of subsistence) while in transit; and
2. Other related costs, that is, payment for food or shelter incidental to the provision of diagnostic services.

(d) All services specified in (a) through (c) above are subject to the provisions for comparable services as indicated in N.J.A.C. 10:91-3.5.

10:91-4.3 Services available to all eligible clients

(a) Once a determination of visual eligibility has been made by the Commission, the client may receive appropriate services as specified in (a)1 through 15 below. These services may require additional eligibility standards as identified in N.J.A.C. 10:95 and 10:97.

1. Vision related diagnostics as follows:

- i. A low vision exam, that is, an evaluation which has as its objective a prescription of low vision aids and instruction/training programs to enhance the visual performance of clients with low vision.
- ii. Vision related diagnostic procedures, such as, ultrasound of the eye (biometry), fluorescein and angiogram, electroretinogram (ERG), endothelial cell count, fundus photography, visually-evoked response.

iii. Evaluation by other vision specialist (see N.J.A.C. 10:91-4.2(a)3);

2. Non-vision related diagnostics as follows:

- i. A general medical examination, that is, an examination performed by an internist, pediatrician or family practitioner with the objective of determining general health status.
- ii. An otological exam, that is, an evaluation performed by an otologist which includes a hearing evaluation, detection of abnormalities of the ear canal or ear drum, recommendations for medical/surgical treatment and/or a hearing aid evaluation.
- iii. Audiological exam, that is, an audiogram (hearing test) performed by an audiologist.
- iv. A psychiatric evaluation, that is, an initial examination provided by a psychiatrist in a face-to-face interview which includes a comprehensive history and evaluation of pertinent diagnostic information necessary to arrive at a diagnosis and treatment plan and recommendation for treatment or further diagnostic studies or consultation.

v. A psychological evaluation that is, an assessment provided by a psychologist which may include the following areas as needed: auditory, visual and visual motor, language, gross motor, personality and adjustment.

3. Skills assessment at the Joseph Kohn Rehabilitation Center in a program of assessment and instruction in areas such as, but not limited to, personal communication, orientation and mobility, arts and crafts, and home and personal management and/or vocational assessment as appropriate;

4. Vision related restorative treatment, which services include those listed in N.J.A.C. 10:91-7.1;

5. Non-vision related restorative treatment services (short term) by a psychiatrist, or other psychotherapist (see N.J.A.C. 10:95-4.3(e), (f), (g));

6. Provision of prosthetics and aids including those for near and distance tasks, closed circuit TV's standard and bifocal eye glasses;

7. Provision of training materials or equipment including orientation and mobility aids, activities of daily living aids and health aids designed to help a blind person accommodate to vision loss when performing health maintenance tasks;

8. Skills acquisition instruction including communication skills, use and care of low vision aids, use of adaptive and specialized aids and devices, techniques for accomplishing activities of daily living including home and personal management, orientation and mobility techniques, method of caring for the eyes and use of residual vision;

9. Transportation, services related to transporting a client, and escorts or attendants as necessary, related to the provision of eligible services, including costs of travel and subsistence while in transit;

10. Room and board expenses in conjunction with attendance at the Joseph Kohn Rehabilitation Center or community based programs;

11. Other maintenance costs, that is, food, shelter, rent, clothing and other subsistence expenses not included within room and board payments;

12. Services to families which facilitate the achievement of the client's service goals. These services may include: psychiatric, psychological or counseling services, training/instructional services, medical consultation and/or child care;

13. Commission contracted programs which meet the special needs of Commission clients (see N.J.A.C. 10:91-5.6);

14. Special services requests as follows:

i. Persons who are not legally blind, but whose best corrected visual acuity is less than 20/50-1, shall be eligible for issuance of a State of New Jersey Division of Motor Vehicles identification card.

ii. The Commission for the Blind and Visually Impaired, in coordination with other New Jersey State agencies, provides certain special services to those of its clients who are legally blind. These services may include:

- (1) Division of Motor Vehicles identification card;
- (2) Fishing license;
- (3) Income tax certification letter;
- (4) Transit Reduced Fare Program;
- (5) Guide transportation pass;

(6) Theater identification card;

(7) Park, forest, or reservation (free) admission pass;

(8) Handicapped parking placard; and/or

(9) Telephone directory assistance 411 charge exemption.

15. Client Assistance Fund:

i. The Client Assistance Fund shall be available to assist clients of the Commission in meeting certain financial emergencies. A caseworker shall request money from the Client Assistance Fund only when there are no other financial resources available to the client.

ii. Types of allocations (loans or grants) are as follows:

(1) Monies from the Client Assistance Fund shall be provided to clients on a loan basis. Exact payment terms and any other relevant terms shall be stipulated to the client orally and in writing before the funds are issued. The client shall sign a standard promissory note which specifies the terms of the loan agreement.

(2) Client assistance funds not allocated specifically as loans shall be disbursed as grants. Repayment of grants shall not be required.

10:91-4.4 Additional services available to eligible clients

(a) In addition to services specified in N.J.A.C. 10:91-4.1 through 4.3, services may be made available to eligible clients as described in 1 and 2 below and are subject to comparable service provisions.

1. Children's services as follows:

i. Functional vision evaluation;

ii. Summer camp experience for children with a visual disability;

iii. Educational aids, that is, materials and/or adaptive devices on loan from the Meyer Center shall be provided to children birth to three;

iv. Educational aids on loan from the Meyer Center for children ages three to 21 shall be provided subject to contract with local school district;

v. Tuition payment:

(1) Nursery schools; and

(2) Specialized summer programs;

vi. Physical education/recreation consultation; and

vii. Reader service, which is payment to a person who reads printed material to and/or writes what is dictated by the client.

2. Prevention services are as follows:

i. Other vision related medical services:

(1) Initial payment for prescribed medications, or supplies which are incident to the restorative services;

(2) Payment for "same day surgery" for clients who are admitted to the hospital as patients; and/or

(3) Out-patient hospitalization, that is, payment for hospital care which is provided to a client who has not been admitted to the hospital facilities at which the treatment occurs.

SUBCHAPTER 5. CASE MANAGEMENT PRACTICES

10:91-5.1 Referral procedures

(a) Referrals shall be accepted from a variety of sources in either written or electronic media, including telephone.

(b) Referrals will be contacted within 10 working days from the date of initial referral to the Commission.

(c) All emergency calls shall be responded to immediately.

(d) Referrals may use the toll-free number (1-800-962-1233) available to callers throughout the State.

10:91-5.2 Intake procedures

(a) The purpose of the intake interview shall be:

1. To gain an initial assessment of the applicant's total needs;

2. To familiarize the applicant with Commission services;

3. To respond to the applicant's most immediate or emergency needs;

4. To determine whether eligibility should be pursued; and

5. To initiate together with the applicant, the development of a comprehensive service plan.

(b) The applicant survey is completed during the intake interview by the caseworker. After completion, the caseworker and the applicant, or his or her parent or guardian, shall sign the survey. The completed survey becomes a part of the applicant case record.

10:91-5.3 Individual Client Service Plans

(a) The client and primary caseworker shall discuss and agree to an Individual Client Service Plan (ISP) which addresses the client's needs. Vocational rehabilitation (VR) clients have an alternate plan called the Individualized Written Rehabilitation Program (IWRP) which is developed once eligibility for VR services has been determined (see N.J.A.C. 10:95-1.1(c)). Both the client and caseworker shall sign the ISP or IWRP.

(b) A statement indicating that choices were provided to the consumer will be included on every IWRP. This statement will be developed by the consumer, the parent or guardian, and the rehabilitation counselor, prior to the signature on the IWRP.

(c) The ISP shall be completed as soon as possible after the applicant survey. The ISP should include the type of services to be provided, the timeframes for their completion and the applicant's comments, if any.

(d) The ISP or IWRP shall be reviewed with the client at a meeting on an annual basis. Revision of the ISP or IWRP may be necessary due to change in a client's goals or objectives, change in a client's condition and/or situation, progress, achievement of objectives, newly identified problems or needs, or unobtainable objectives. For VR clients, an amendment to the IWRP shall be written.

(e) At case closure, the current ISP or IWRP shall be annotated to reflect which objectives were or were not achieved.

10:91-5.4 Purchase of services; immediate need situations

(a) Payment for purchase of services for clients may be made by the Commission when requested, approved and allocated from the Commission funds.

(b) Client financial participation toward the expense of Commission purchased services shall be based on the level of responsibility set forth in detail in the financial need standard and survey (see N.J.A.C. 10:91-3).

(c) The Commission has established an alternate method to purchase services to meet immediate needs. Rapid payment allows the payment for a service within 48 hours.

10:91-5.5 Referral to provider agencies

(a) The Commission shall administer community based programs through contracts with provider agencies to meet the needs of Commission clients.

(b) Clients shall be referred to a provider agency for the purpose of achieving specific objectives or goals. Information concerning a client shall be released to the provider agency, as needed, in accordance with 10:91-5.6.