

201 KAR 28:190. Occupational therapy low-vision and visual-therapy services.

RELATES TO: KRS 200.654-200.670, 319A.090(3)

STATUTORY AUTHORITY: KRS 319A.070(3), 319A.090(3)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 319A.090(3) requires the board to promulgate administrative regulations related to the provision of occupational therapy low-vision and visual-therapy services, in collaboration with the Kentucky Board of Optometric Examiners. This administrative regulation sets forth the requirements for an occupational therapist to provide occupational therapy low-vision and visual-therapy services as authorized by KRS 319A.090(3).

Section 1. Definitions. (1) "Clinical treatment plan" means the visually related rehabilitative treatment plan.

(2) "Independent diagnostic evaluation" means the use of measurement instruments, devices and procedures or administering and interpreting of specialized-vision devices that are utilized to differentiate signs and symptoms, discover or identify a diseased or limiting visual condition. These evaluations pertain to visual functioning of eyesight, eye health, eye teaming and eye motility or the determination of need for glasses, contact lenses, medical treatment or surgery.

(3) "Low-vision services" means occupational therapy services designed for the purpose of maximizing the use of residual vision in order to maintain or restore function in daily life roles and activities. Low-vision services include:

(a) Occupational profiling, analysis of occupational performance, and intervention planning that focuses on adapting or altering environments and processes and the implementation of the intervention plan; and

(b) Training in the use of assistive technology for the purpose of improving performance skills and performance abilities in basic and instrumental activities of daily living, work or productive activities, play, and leisure.

(4) "Testing and prescription of optical, electronic, or assistive technology low-vision devices" means the evaluation, assessment, and prescription of devices for achieving the best visual correction and the prescription of low-vision devices that allow an individual with low vision to perform essential tasks, but does not include the training and instruction in the use of nonprescription assistive technology devices.

(5) "Visual-therapy services" means occupational therapy services designed for the purpose of maximizing visual perceptual components of performance in order to restore or maintain daily life roles and activities.

(6) "Visually related rehabilitative treatment plan" means a comprehensive vision plan of care for the rehabilitation and treatment of the visually-impaired or legally-blind individual which is developed by the optometrist, ophthalmologist, or physician after the evaluation and diagnosis of the individual client and which includes a general description of the low-vision services and the visual-therapy services that are to be provided by the OT/L. A visually-related rehabilitative treatment plan is periodically reviewed by the optometrist, ophthalmologist, or physician.

Section 2. Provision of Low-vision and Visual-therapy Services. (1) An OT/L shall not develop a visually-related rehabilitation plan, but an OT/L may provide low-vision or visual-therapy services to a client as prescribed in writing by an optometrist, ophthalmologist, or physician who has personally examined and evaluated the client for low vision rehabilitation services and who has referred the client to the OT/L.

(2)(a) The low-vision or visual-therapy services which an OT/L may provide shall include:

1. Adapting environments and processes; and
2. Training in the use of assistive technology for the purpose of improving performance skills

and performance abilities in basic and instrumental activities of daily living, work or productive activities and play and leisure.

(b) Low-vision and visual-therapy services shall not include independent diagnostic vision evaluations or the development of a comprehensive vision plan for the rehabilitation and treatment for individuals with visual impairments.

(3) An OT/L who is providing low-vision services or visual-therapy services under the direct supervision of an optometrist, ophthalmologist, or physician shall ensure that:

(a) The optometrist, ophthalmologist, or physician is always available in the OT/L's place of employment or place where the services are offered to a client; or

(b) The optometrist, ophthalmologist, or physician is available to the OT/L but not necessarily within the individual's place of employment or place where the services are offered to a client if all of the following conditions are met:

1. A client shall be accepted for treatment only on the order of an optometrist, ophthalmologist, or physician who has the sole authority to develop a visually related rehabilitative treatment plan for the client;

2. A client shall be seen by an optometrist, ophthalmologist, or physician at least once every thirty (30) days unless another time is justified and documented by the optometrist, ophthalmologist, or physician in the client's record;

3. For each client there shall be a written occupational profile, an analysis of occupational performance, and an intervention plan which is developed by the OT/L in consultation with the optometrist, ophthalmologist, or physician making the referral;

4. The intervention plan shall be reviewed by the referring optometrist, ophthalmologist, or physician once every thirty (30) days unless another time is justified and documented by the optometrist, ophthalmologist, or physician in the client's record; and

5. The optometrist, ophthalmologist, or physician shall be promptly notified of any changes in the client's condition.

(4) An OT/L who has reason to believe that a client may require independent diagnostic evaluation shall advise the client to return to the referring optometrist, ophthalmologist, or physician and further communicate this information to the optometrist, ophthalmologist, or physician.

(5) The OT/L who provides low-vision or visual-therapy services shall not deviate from the referral or written evaluation and clinical treatment plan from the optometrist, ophthalmologist, or physician without consultation, approval from the individual who made the initial referral, and documentation of the same.

(6) The OT/L shall notify the referring optometrist, ophthalmologist, or physician of the occupational therapy intervention goals and the client's outcomes from occupational therapy services.

(7) An OT/L who provides school-based occupational therapy services may perform tasks as developed in a student's Individual Education Program (IEP) that are developed, reviewed and revised for the student from birth to age twenty-one (21) in accordance with 707 KAR 1:320 or First Steps intervention under KRS 200.654 to 200.670. If there is some indication that a child may have visual impairments, the OT/L shall make a referral to an optometrist, ophthalmologist, or physician. (32 Ky.R. 173; 867; eff. 11-16-2005.)