

Blindness and Low Vision Assistive Technology Funding Criteria

This criteria has been developed in consultation with expert clinicians and is based on available evidence at the time of development. This document is designed to specify the criteria to access assistance through EnableNSW for this group of assistive technology, and provide a basis for consistent and transparent decision making.



BLINDNESS AND LOW VISION ASSISTIVE TECHNOLOGY	
Included Equipment	Eligible Prescriber
Group 1 Hand held optical magnifier	Orthoptist, Occupational Therapist, Optometrist
Group 2 Desk top video magnifier (CCTV) Portable video magnifier Screen Magnifying Software Text Recognition Systems Braille Devices Audio Labellers Refer to Appendix for criteria regarding deaf-blind communication devices and audible blood glucose/blood pressure monitors.	Orthoptist, Occupational Therapist, Optometrist with >1 year experience + 3 previous prescriptions for group 2 equipment in this category
Exclusions	
<ul style="list-style-type: none"> • Non disability specific computers and software, personal digital assistants and portable touch screen devices including tablets and smart phones. • Printers, scanners , speakers, cables and batteries. • Devices, features or programming costs solely for recreational or vocational use. • Devices to access the educational curriculum including homework. • Spectacles/ contact lenses. • Assistive technology under \$100. 	
Ineligible Groups	
Consumers who are eligible for services and equipment to be provided under any of the following will not be eligible to receive equipment through EnableNSW (see EnableNSW Policy). <ul style="list-style-type: none"> • ADHC owned and operated supported accommodation facilities. • Respite or temporary care facilities. • Transitional Aged Care Package. • Commonwealth Home Care Packages (levels 1-4) • Motor Accidents Authority Lifetime Care and Support Authority. • Dust Disease Board. • Department of Veteran's Affairs Gold Card holder. • Department of Veteran's Affairs White Card holder if the requested assistive technology is for an injury/condition developed during/or as a result of time in service. • Third party/Worker's Compensation/other compensation related to the injury/disease. 	

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Equipment Eligibility Criteria

Assistive Technology for Blindness or Low Vision may be funded when:

1. The consumer requires the technology in order to complete regularly occurring core text or other visually based activities independently* **AND**
2. The system is the primary system used to complete the activities **AND**
3. A plan for training and support for device use is in place.

* Core activities may include: accessing or producing personal correspondence, recipes, food labels, medications, timetables; accessing a computer for self-care activities such as banking and shopping.

Key information to consider or include in the Equipment Request Form (ERF)

Consumer Factors

Provide:

- The consumer's diagnosis and/or functional disability.
- Implications of their vision impairment including near / distance vision, preferred size of print, glare sensitivity, visual fatigue, visual fields, contrast sensitivity, and colour vision.
- A measurable functional goal or goals in relation to the system.
- Detail about the consumer's current systems/methods, and the benefits of the recommended system for the consumer.
- Comprehensive detail regarding the activities the consumer will complete including type, frequency and duration of activities. Please note that activities must be regularly occurring during a typical week.
- Information from the clinical and functional assessment of relevant skills including ability to access the system, relevant physical and cognitive factors, and environmental factors.
- Any relevant medical information that impacts on consumer's current and ongoing ability to use the system such as deterioration or improvement in condition, fatigue, physical issues, and medications.

Confirm:

- That the system is the consumer's preferred system for the stated goals and the most suitable for the tasks required.
- That the consumer has the demonstrated capacity to use the system to independently fulfil the stated functional goals.
- That the skills of the consumer match the features and specifications of the system.
- That a specific training plan is in place for the system across all appropriate environments.
- For systems requiring complex navigation, that the consumer has the demonstrated capacity to use the system.
- Who will provide support with the implementation of the system.

Consider:

- If the system is able to be adapted for ongoing use if the consumer has a degenerative condition.
- If the consumer has an alternative system or emergency plan in case of breakdown or unforeseen inability to use the system.
- If a commercially available device or feature is more suitable for the consumer.

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Social/ Carer Factors

Confirm:

- The support the consumer has available including carer support and technical support.

Environmental and Equipment Factors

Confirm:

- That the consumer has suitable place within the home to situate the device if applicable.
- Access to power points if applicable.
- For software requests that the consumer has a computer with the specifications that is compatible.
- For software requests that service maintenance agreements to provide upgrades are included in the request and the quote.
- That the consumer has been educated in the care and maintenance of the device including charging and battery changes.

Consider:

- That the consumer is aware of ergonomic principles when using desk top magnifier.

Trial

- Trial of the types of text or visually based activities that the consumer regularly carries out is essential.
- Trial of the technology in the primary environment of use is desirable particularly for portable devices.

Provide

- Detailed information regarding technology trialled including objective measures of goal attainment.
- Include specific examples of how the device enabled the consumer to achieve goals that would otherwise not be achievable using their current system.
- Length of trial and environments of trial.
- Functional outcomes of the trial.
- Comparison with similar devices.
- Reasons why comparative devices were unsuitable.

Confirm

That the most basic, cost effective device that meets the client's functional need has been considered and trialled.

Plan for delivery and evaluation

- Provide the name and telephone number of the client/carers or any clinicians who must be notified of delivery.
- Equipment Evaluation Form (EEF) is required for Group 2 items within 12 weeks of receiving the device.
- Provide details of person/agency responsible for evaluation. With client's permission forward the EEF to this service.
- Please provide consumer's preferred communication medium if applicable such as text size, colour contrasts or email address.

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APPENDIX 1. ADDITIONAL TECHNOLOGY

Assistive technology	Criteria
Deaf-Blind Communication Devices	Assistive technology for consumers who are deaf-blind, and require the device for to facilitate primary communication. Please see Speech Generating Devices Guideline for applicable criteria to be addressed in the equipment request. Prescriber must be an Occupational Therapist who is eligible to prescribe Group 2 equipment
Audible Blood Pressure/ Blood Glucose Monitors	Assistive technology for consumers who have a documented requirement to monitor their blood pressure or blood glucose levels at home on a daily basis. Prescriber must be an Occupational Therapist/ Orthoptist or Optometrist who is eligible to prescribe Group 2 equipment and should include supporting documentation from a medical practitioner