

<i>Act/Regulations Reg. 19(18)(b)</i>	<b>Section</b>	<b>Social Programs</b>	<b>7</b>
	<b>Program</b>	<b>Social Assistance</b>	<b>13</b>
	<b>Instructions</b>	<b>VISUAL AND OPTICAL CARE</b>	<b>6-7</b>
<b>Effective: January 1, 1992</b>		<b>Authorized by:</b>  <b>Director of Social Assistance</b>	<b>Page:</b> <b>1 of 2</b>
<b>Revised: November 1, 2007</b>			

**PURPOSE**

1. To ensure essential visual and eye care needs of social assistance applicants are met.

**PRINCIPLE**

2. Applicants should be encouraged to obtain a visual assessment when experiencing vision problems.
3. Applicants may obtain necessary glasses from the optical dispensary of their choice.
4. The Social Assistance program only provides for necessary lenses, as prescribed.

**POLICY**

5. Assistance may be granted for essential vision or eye care, including:
  - (a) Optical/visual assessment fees;
  - (b) Basic frames and lenses when required; and
  - (c) Repair or replacement of glasses when necessary.
6. For most adults the normal recall time for optical/visual assessment is a two year period. Children under 14 years and adults age 50 and up may need more frequent re-examination because of physical changes they are undergoing. Staff may authorize reassessment in these exceptional cases if recommended by the optometrist or physician (See Appendix A for a guide to frequency of examinations).
7. For applicants with diabetic eye disease, glaucoma, macular degeneration or other eye diseases, more frequent and/or more comprehensive eye examination shall be authorized, including ophthalmoscopic examination through dilated pupils, where recommended.
8. Tinted lenses or super-size frames and lenses are ordinarily for cosmetic purposes and should only be approved when supported by the prescribers's written recommendation.

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9. Visual assessment fees shall be reimbursed to a maximum of \$54 per basic assessment. Additional fees may be paid for dilation and/or cycloplegia where warranted and recommended by the optometrist.

10. Basic frames and lenses or contact lenses may be approved to a maximum total cost of \$115 with single vision lenses and \$145 with bifocal lenses.

11. Any estimates above these limits shall be accompanied by a written explanation from the dispenser prior to approval.

12. Applicants who are experiencing medical problems with their eyes such as infection, swelling or pain should be advised to consult their family physician who may refer them to an ophthalmologist. Ophthalmologists are medical doctors specializing in eye disease which they treat by medicine or surgery. Their fees are covered by Medicare.

13. Optometrists are specialists in all forms of vision care and are qualified in the detection of ocular abnormalities. Most applicants will seek their services when experiencing vision problems.

### **PROCEDURE**

14. It will usually be necessary to complete two CSA forms; one for the visual assessment fee and the second for the purchase of lenses and frames.

15. Applicants will schedule an appointment for an optical/visual assessment. If visual correction is required a prescription for corrective lenses will be issued to the client by the prescribing specialist.

16. In emergency situations such as broken or lost glasses, the client should request a copy of his/her prescription from the prescribers. If the prescription is not available and/or an eye exam is required, C/SA's may be authorized as indicated above.

17. The CNIB provides counselling to adults and children who experience serious vision problems. Field staff should ensure applicants are made aware of CNIB services available in the community.

## Appendix A: Frequency of Examination

The need for periodic optometric examination has been recognized for many years. Vision and ocular health conditions are not always accompanied by recognizable symptoms. There is often an increased risk to the patient if treatment is not initiated. Relying on the occurrence of obvious symptoms in order to initiate an eye examination exposes the patient to an unnecessary risk.

Many factors will influence the frequency of optometric examinations and only the examining optometrist, upon the analysis of all factors, can determine when a particular patient should return for another examination. However, certain guidelines have been established which can assist the patient in determining the need for examination.

Patients in each age group may be classified as being at low risk or high risk for ocular or vision problems. The **minimum** frequency of examination for those at low risk is as follows:

<b>Infants and Toddlers</b> (birth to 24 months)	By age 6 months
<b>Preschool</b> (2 to 5 years)	At age 3 and prior to school entry
<b>School Age</b> (6 to 19 years)	Annually
<b>Adult</b> (20 to 64 years)	Every one to two years
<b>Older Adult</b> (65 years and older)	Annually

The frequency of examination for those at high risk should be determined by the examining optometrist on the basis of the patient's health, ocular and visual status at the time of examination. Some of the factors which would indicate high risk are as follows:

**Infants/Toddlers and Preschool** - Premature birth; low birth weight; mother having rubella, sexually transmitted disease, AIDS-related infection, or other medical problems during pregnancy; mother having a history of substance abuse prior to or during pregnancy; family history of high refractive error or eye disease; turned eyes; or congenital eye disorders.

**School Age** - Children failing to progress educationally; children exhibiting reading and/or learning disabilities.

**Adult** - Diabetes; hypertension; family history of glaucoma; those who work in visually demanding or eye hazardous conditions.

**Older Adult** - Diabetes; hypertension; family history of glaucoma; those taking systemic medication with ocular side effects.

Diabetic eye disease, glaucoma and macular degeneration are among the leading causes of vision loss in Canada. Early detection and diagnosis with timely and appropriate treatment may significantly reduce the risk of visual impairment and blindness.

Therefore, patients known to have or at risk of developing these conditions should promptly receive an initial comprehensive eye examination, including ophthalmoscopic examination through dilated pupils (unless dilation is contraindicated).

The Canadian Association of Optometrists (CAO) recommends that patients with diabetes, glaucoma or macular degeneration, after having obtained an initial examination, should receive annual eye examination, unless more frequent evaluations are indicated. In the case of diabetics, CAO recommends that a comprehensive dilated eye and visual examination should be performed annually for all patients who:

- (a) are 12 years old or older and who have had the disease for 5 years, or
- (b) are over the age of 30 regardless of how long they have had the disease, and
- (c) have visual symptoms and/or abnormalities.