

Guide for Assessing Individuals with Visual Impairments

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Purpose

Use this guide to assess individuals who are blind or have low vision. Although blindness is a physical disability, the diagnosis alone doesn't make an individual eligible for Long Term Services and Supports (LTSS).

This guidance applies to individuals receiving Medicaid Title XIX LTSS, Oregon Project Independence-Medicaid (OPI-M) and State Plan Personal Care (SPPC).

Assessment considerations

- Evaluate the individual's functional needs.
 - Blindness is a form of vision impairment. Assessment comments may refer to blindness to describe limitations or support needs. Document the risk or outcome that would occur without assistance.
- Assess the individual's ability to complete specific Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) tasks safely and independently.
- Ambulation: Hands-on assistance solely for the purpose of guidance does not meet eligibility requirements. In Ambulation, we're assessing the ability to ambulate not the ability to see obstructions or risks.

- Verify the documented assistance type qualifies for each assessed ADL and IADL component. Review [ADL Assist Types](#).
- Use the 30-day time frames when considering whether an individual demonstrates the need for assistance.

SPPC

Oregon Administrative Rule (OAR) Chapter 411 Division 34

Determine eligibility based on the individual's needs to safely navigate their community, including needs outside the care setting.

- Example: An individual who is blind or DeafBlind may qualify for SPPC based on community mobility needs such as being unable to safely navigate the community.
- If eligible, the individual can use caregiving hours in the community for personal care services/ADLs or IADLs.

LTSS

OAR Chapter 411 Division 15

Although case managers (CMs) assess for mobility outside and inside the care setting, to qualify for Medicaid Title XIX LTSS, an individual must meet eligibility criteria within the care setting. Community mobility needs due to a visual impairment does not establish eligibility for Service Priority Level (SPL) 1-13.

- Example: An individual who is blind or DeafBlind may be eligible for Medicaid Title XIX LTSS if they need assistance with eating or elimination in the care setting and mobility support in the community.

- If eligible, the individual can use caregiving hours in the community for ADL and IADL needs.

OPI-M

OAR Chapter 411 Division 14

Although individuals applying for OPI-M must meet the same criteria for Title XIX Medicaid, OPI-M uses a service priority level of 1-18. This allows individuals to qualify if they require hands-on assistance to safely navigate the community.

Example: An individual who is blind or DeafBlind may be eligible for OPI-M if their only care need is hands-on assistance to safely navigate the community.

- If eligible, the individual may use caregiving hours in the community for ADL or IADL needs.

Qualifying comment examples

Ambulation: Full assist

- Alex is blind and they cannot move about safely inside their home. The caregiver pushes Alex in their wheelchair inside the home all throughout the day, every day. Without help, Alex has a history of injury by running into things, tipping over their wheelchair and experiencing bladder accidents by not being able to reach the bathroom on their own.

Eating: Minimal assist

- Anna is DeafBlind and has been experiencing unintended weight loss due to difficulty feeding herself. She needs someone to scoop her food onto a utensil and place it into her mouth during lunch and dinner. Without this help, she cannot locate her food and may knock items off the table or drop

her meal, limiting her ability to eat. She independently drinks a smoothie or shake for breakfast.

Bowel: Full assist

- Riley has an ostomy and is legally blind. Riley cannot safely complete ostomy cleaning and bag changes without help from another person. Riley's caregiver must empty the ostomy pouch, change/replace pouching system, apply skin barrier and monitor the stoma for changes, irritation or infection. Without daily assistance, Riley has a documented pattern of leakage and skin irritation.

Non-qualifying comment examples

Ambulation: Independent

- Angel is blind and uses a prosthetic leg. He has memorized his surroundings and uses adaptive devices to navigate independently. This month, he asked a neighbor to retrieve an item that fell behind his garbage can so it would not spoil. Otherwise, Angel has not needed assistance inside or in the community. He uses his guide dog, Chip, to stay on course, walks independently to destinations and rides the bus to appointments.

Eating: Independent

- Doug is Deafblind and prefers to feed himself without any help. Doug requires food, drinks and utensils to be placed in consistent locations. Once meals are set up, he eats on his own. Once a month Doug needs reminders about item placement or help locating food that cannot be left out. No physical assistance with eating is required.

Bowel: Independent

- Petra is blind and has an ostomy. She independently manages routine bowel care, including emptying her ostomy using touch and keeping her supplies organized. This month, she needed help locating a box of ostomy supplies that had been moved from its usual location. She arranges for replacement supplies as needed. Otherwise, she completes bowel care independently.

Resources

Connect individuals with community resources when appropriate. Ensure resources supplement, rather than replace or duplicate, authorized services.

Resources for individuals who are Deaf, DeafBlind or Hard of Hearing:

- [Deaf and Hard of Hearing Services](#)
- [Oregon Commission for the Blind website](#)
- [Helen Keller National Center for DeafBlind Youths and Adults](#) for programs providing comprehensive vocational rehabilitation services for all individuals.

For additional assessment training:

- [Assessing and Determining Service Priority Levels \(ADSPL\)](#)
- [Assessment Training \(Four-Part\) Series](#)

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ODHS at apd.ltss@odhsoha.oregon.gov or at **503-945-5600** (voice/text). We accept all relay calls.