

# **A Report on Vision Loss in Older Adults**

## **Issues and Proposed Solutions**



**Texas Governor's Committee on People with Disabilities**  
**The Committee on People with Disabilities**

## **Committee Members**

Ellen M. Bauman, *Chair*

Kori A. Allen

Billy Blanchard

Ronnie Browning

Evelyn Cano

Chelsea Elliott

Neva Fairchild

Juan Lopez

Kristie L. Orr, PhD

Emma F. Rudkin

Lisa Treleaven, Ed.D

Benjamin Willis

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### **About the Governor's Committee on People with Disabilities**

The Governor's Committee on People with Disabilities and staff serve as key sources of information and education on the abilities, rights, challenges, and needs of Texans with disabilities. They advise the Governor and the Governor's staff on matters related to the full participation of Texans with disabilities in all aspects of Texas life. The Committee may also collaborate with legislative committees and state agencies on the development of laws and policies that impact Texans with disabilities. The Committee develops policy recommendations based on citizen input and research prior to each legislative session. Additionally, it recommends changes in state laws related to Texans with disabilities.

### **Aging and Vision Loss Summit Executive Summary**

The Aging and Vision Loss Summit was hosted by the Texas Governor's Committee on People with Disabilities (GCPD), the Texas Workforce Commission (TWC), the Texas State Library and Archives Commission (TSLAC), the Texas Health and Human Services Commission (HHSC), and the Interagency Vision Loss in Older Adults Workgroup at the Criss Cole Rehabilitation Center in Austin in July 2024. The opportunity to dialogue around a range of issues affecting older individuals who are visually impaired or blind was met with enthusiasm and a desire to identify recommendations and specific solutions to address those challenges.

One of the premier experts in serving the older blind population and shaping national policies related to service delivery to this population, Pris Rogers, joined the Summit as a participant. Dr. Rogers, co-chair of the [National Aging and Vision Loss Coalition \(AVLNC\)](#), commended GCPD for hosting the Summit to address and tackle these vital issues and concerns in Texas. GCPD invited a cross-section of decision makers from various fields, including aging services, healthcare, independent living, public transportation, and blindness services.

Service delivery providers, due to the nature of their funding and the specific populations they serve, often operate with little or no coordination, especially when it comes to addressing the needs of older Texans experiencing vision loss. Although the statistics on the needs of the older blind population are daunting, this group is often overlooked amid competition for funding aimed at programs for children and working-age adults.

Summit attendees reported that older Texans who are experiencing blindness or visual impairment often cannot or will not advocate for themselves, may be reluctant to seek out services, or do not know where to turn for services specific to their individual needs. Those needs can range from traditional independent living needs, medical or ophthalmological needs, travel or transportation needs, aging services needs, or the need for the use of assistive technology. The needs include not only improved coordination among those providing services in these areas but also increased cross-training with each of these disciplines. A lack of connectivity, for example, community and interpersonal engagement, leads to negative outcomes for older adults. These changes can help improve the availability and effectiveness of services for this target population.

Due to the significant growth in the state's population and the substantial percentage of older Texans who report significant vision loss or blindness, it is essential to increase funding for services and scale programs to match the expected population growth. The program developed for older adults with visual impairment is the Older Individuals who are Blind/Visually Impaired (OIB) housed within TWC. The eligible consumer is 55 years or older and has a significant visual impairment that is impacting his or her ability to live independently. The services/goods are identified and jointly agreed upon between OIB worker and the consumer. Prior to eligibility, the OIB worker travels to the home of the individual to assess and identify the challenges and the services/goods necessary for him or her to live independently. This process requires extensive time with the consumer and as a result, the travel for OIB workers serving rural areas requires diligent time management to ensure prompt service delivery for all consumers in their area. At the Summit,

concerns were expressed regarding the potential estimated 300,000 plus Texans who may need services. Staffing levels for caseworkers and case managers in the Older Individuals who are Blind (OIB) program through TWC are currently limited to 20 OIB Service Specialists (caseworkers) to serve all 254 counties in Texas. The primary challenges cited during the Summit were the need for additional funding specifically for this population and enhanced cross-training efforts for all service delivery entities working with the older blind population in Texas.

## **Texas Aging and Vision Loss Data Sources**

The VisionServe Alliance is a consortium of US and Canadian organizations and their leaders working collectively to advance the field dedicated to serving people of all ages with blindness and low vision.

The Administration for Community Living was created around the fundamental principle that older adults and people of all ages with disabilities should be able to live where they choose, with the people they choose, and with the ability to participate fully in their communities.

The Journal of Post-Acute and Long-Term Care Medicine (JAMDA) is the official journal of [AMDA](#) - The Society for Post-Acute and Long-Term Care Medicine. JAMDA is the leading peer-reviewed publication for practical information and research directly applicable to healthcare professionals providing post-acute and long-term care (PA/LTC), as well as policymakers, organizational leaders, educators, and advocates.

The [American Community Survey](#) (ACS) helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.

## **Texas Aging and Vision Loss Demographic Statistics**

A recent study published by the VisionServe Alliance (2022)<sup>1</sup> revealed tremendous insight into the Texas population and its residents who are both older and experiencing severe vision impairment or blindness. While the full report drills down into population based on sex, age, and race/ethnicity, the

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<sup>1</sup> VisionServe Alliance (2022). *Texas' Older Population and Vision Loss: A Briefing*, St. Louis. <https://visionservealliance.org/big-data-insights/>

headline statistic is this: an estimated 9.7 percent of older individuals (i.e., those aged 65 years and older) in Texas report severe vision impairment or blindness. This is a total of 421,895 older Texans with significant vision loss.

According to the study, “older people with vision impairment report higher prevalence of chronic conditions, particularly stroke, arthritis, diabetes, kidney disease, and depression.” The study also reveals that 53.4 percent of older Texans with vision impairment reported fair or poor health, compared to 17.7 percent among those without vision impairment, when given the choices of excellent, very good, good, fair, or poor. These findings highlight significant implications for the health care system and providers who serve this population. In addition to physical health limitations, the older adults with visual impairment tend to report higher mental health concerns and limitations in activities (e.g., travel skills and fall prevention).

The breakdown by geographic distribution of older individuals with vision impairment uncovers striking, although not surprising, trends that can help target where resources are most needed. The geographic distribution of older individuals with vision impairment was reported by the 2019 American Community Survey and is broken down by each of Texas’ 254 counties. The prevalence ranges from approximately two percent to 26.8 percent, with a higher prevalence of vision impairment occurring in more rural counties, where resources and care providers may be scarce. In Texas, the highest concentration of contiguous counties with high prevalence rates is in the Rio Grande Valley.

Older individuals with vision impairment are more likely to experience age-related chronic health conditions compared to those without vision impairment. For example, the data shows 43 percent of older individuals with vision impairment report diabetes compared to 25 percent of those without vision impairment. The distinction is significant, as complications from diabetes can cause vision loss. Similar trends hold true for rates of stroke, heart attack, depression, hearing impairment, and other chronic conditions among older individuals with vision impairments, which puts those individuals at a greater risk of losing independence and potentially requiring more costly services and supports. Adding to these concerns, various social determinants such as educational level, poverty and lower income levels, as well as health insurance or health care availability all have an impact on the ability of this population to successfully navigate society.

The Administration for Community Living (ACL) published [a report](#) in May 2024 on older Americans, which lists Texas with 4,027,053 individuals aged 65 and

older. That group represents 13.4 percent of all Texans, and it also reflects a 41.8 percent increase from 2012 to 2022. Additionally, 12.3 percent of those older individuals have incomes below the federal poverty level. The population of older adults is expected to increase by 118% by 2050. This is an increase from 421,895 older Texans with vision loss to 919,730 older Texans with vision loss. At current levels, the OIB program is serving less than 1% of this population. This significantly increasing trend of older Texans with vision loss will overwhelm the already strained system. Decision makers must understand the needs of this population and invest accordingly.

The Helen Keller National Center (HKNC) and the Journal of Post-Acute and Long-Term Care Medical Association (JAMDA) provide additional data points on the demographics of older Texans with vision loss. Two recent studies from JAMDA<sup>23</sup> on the prevalence of visual impairment among nursing home residents report that vision impairment and blindness affect approximately 66% of those residents. This is one more group of older adults with vision loss who are not receiving services from OIB since program eligibility serves those at risk for a nursing home or institutional placement. According to HHSC, there are approximately 95,000 residents in Texas nursing homes. And, if we apply the percentages reported in the two attached studies, two thirds, or 62,000, of them experience some degree of vision impairment. HKNC, using data from the American Community Survey (ACS), reports that in Texas, there are 170,936 people who experience both vision loss and hearing loss.<sup>4</sup> These numbers are in addition to the radical increase in this population projected by the ACL's survey.

## **The Aging and Vision Loss Summit**

The Aging and Vision Loss Summit was designed with these statistics in mind. By assembling a group of leaders and decision makers from a cross section of

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<sup>2</sup> William Monaco et al. "Risk Factors for Vision Loss among Nursing Home Residents: A Cross-Sectional Analysis," *Journal of Post-Acute and Long-Term Care Medical Association* 24, no. 1 (2022): 109, accessed June 28 2025, [https://www.jamda.com/article/S1525-8610\(22\)00828-3/fulltext](https://www.jamda.com/article/S1525-8610(22)00828-3/fulltext).

<sup>3</sup> William Monaco et al. "Prevalence of Vision Loss and Associations With Age-Related Eye Diseases Among Nursing Home Residents Aged ≥65 Years," *Journal of Post-Acute and Long-Term Care Medical Association* 22, no. 6 (2020): 1159, accessed June 28 2025, [https://www.jamda.com/article/S1525-8610\(20\)30742-8/abstract](https://www.jamda.com/article/S1525-8610(20)30742-8/abstract).

<sup>4</sup> Megan Conway & Tara Brown-Ogilvie, "Individuals with Combined Hearing and Vision Loss: Data from the 2022 American Community Survey." (Sands Point, NY: IRPD Department, Helen Keller National Center for DeafBlind Youth and Adults) 2024.



organizations providing aging services, health initiatives, transportation resources, and vision rehabilitation services, Summit attendees investigated ways to improve the availability and effectiveness of services for this population. The shared goal of the Vision Loss in Older Adults Summit was to explore strategies to broaden and strengthen the state's capacity to help individuals aged 55 and older with significant vision loss to live independently in their homes and the community. To achieve this goal, targeted invitations were sent to leaders from diverse backgrounds in the fields of aging services, healthcare, independent living, public transportation, and blindness services. Approximately 60 participants attended the Summit, where they engaged in small breakout group sessions throughout the day to accomplish the following objectives:

1. Identify non-traditional partners for delivering core independent living (IL) services.
2. Explore ways to educate aging services providers about significant vision loss and IL services.
3. Discuss strategies for integrating vision loss services into other aging service programs.

The design of the Summit, which primarily involved small group sessions focused on five different topics, fostered ongoing conversations throughout the day and encouraged participants to identify not only the barriers but also to propose solutions.

## **Legislative Background**

The legislative initiative for this Summit originated with [SB 1693 \(85R\)](#), which focused on a study of seniors with visual impairments conducted by the HHSC Aging Texas Well Advisory Committee (ATWAC). In 2018, the ATWAC submitted [a comprehensive report](#) to the legislature that outlined several recommendations, many of which remain relevant today. This report urged partner agencies to improve communication and collaboration, proposed a single-entry point for services and information (i.e., referrals), and aimed to enhance awareness and education efforts via the Texas Workforce Commission's Older Individuals who are Blind (OIB) program. It also suggested establishing a tiered approach to training, creating an online portal for information and training resources, and enhancing awareness training for both service providers and service recipients.

During the 87th Texas Legislature, [SB 1917](#) relating to a public outreach campaign for aging adults with visual impairments was enacted. This law required HHSC, in collaboration with the Texas State Library and Archives Commission and other appropriate state agencies, to conduct public awareness and education outreach campaigns designed to provide information relating to the programs and resources available to aging adults who are blind or visually impaired in this state. This law required valuable public outreach that mirrors many recommended in this report, such as targeted campaigns for aging adults with or at risk of blindness or visual impairment and the families and caregivers of those adults; health care providers, including home and community-based services providers, health care facilities, and emergency medical services providers; community and faith-based organizations; and the general public. This law would have implemented many of the goals of the 2018 ATWAC Report, such as having HHSC establish a toll-free telephone number for providing counseling and referrals to appropriate services for aging adults who are blind or visually impaired; posting on HHSC's Internet website information and training resources for aging adults, community stakeholders, and health care and other service providers that generally serve aging adults, including:

1. links to Internet websites that contain resources for persons who are blind or visually impaired;
2. existing videos that provide awareness of blindness and visual impairments among aging adults and the importance of early intervention;
3. best practices for referring aging adults at risk of blindness or visual impairment for appropriate services; and
4. training about resources available for aging adults who are blind or visually impaired for the staff of aging and disability resource centers established under the Aging and Disability Resource Center initiative funded in part by the federal Administration on Aging and the Centers for Medicare and Medicaid Services.

HHSC would also have been required to designate a contact in the commission to assist aging adults who are diagnosed with a visual impairment and are losing vision and the families of those adults with locating and obtaining appropriate services; and encourage awareness of the reading services for persons who are blind or visually impaired that are offered by the Texas State Library and Archives Commission. Unfortunately, this law was repealed the following Legislative session immediately through

[HB 4611](#) relating to the non-substantive revision of the health and human services laws governing the Health and Human Services Commission, Medicaid, and other social services. The Texas Legislature should consider reestablishing this law with minor adjustments, such as including the Texas Workforce Commission in the list of agencies responsible for this collaboration. The Legislature must also emphasize the need for sustained efforts in future legislative proposals related to this population.

At the Summit, a delegation of stakeholders representing experts in both aging and vision loss or blindness confirmed the importance of ATWAC's overall recommendations while also identifying additional service gaps. For example, access to assistive technology that helps older individuals successfully navigate today's technological devices poses an even greater challenge for those with vision loss. Furthermore, some obstacles faced by older people, such as navigating public transportation options, can be even more complicated for individuals with vision loss.

## **Issue Areas and Policy Recommendations**

The Summit began with a brief charge to the participants, followed by a series of round-robin style breakout groups, with at least some representation from each of the service delivery fields described earlier. The five breakout groups were each hosted by a moderator and a note-taker and covered these topic areas:

- Acknowledgment and Adjustment to Blindness
- Identification and Referral
- Independent Living Skills
- Access to Assistive Technology and Training
- Travel and Transportation Access

Moderators for these guided discussions asked participants to consider how their organizations could work collaboratively, identify barriers to meeting their goals, and consider policy or legal roadblocks that may exist at the state level. They also asked participants to identify additional resources needed to enable a positive impact on service delivery for this population.

## ***Acknowledgement and Adjustment to Blindness***

Older individuals experiencing vision loss face several challenges, including limited resources to serve this population, denial, or reluctance to seek services, negative public attitudes and perceptions, barriers to assistive technology and transportation, and limited access to services for those with multiple disabilities (e.g., macular degeneration and dementia or diabetic retinopathy and Parkinson's).

The lack of adequate resources in agencies, specifically, staffing shortages for positions needed to serve the target population and budget shortages to meet the geographic challenges of a state the size of Texas remain issues for serving this population. The shortage of low vision providers often results in untimely delays of critical services. In response to these issues, the [Area Information Centers](#) that contract with HHSC to administer 2-1-1 Texas should ensure all providers for this population participate in the 2-1-1 Texas database.

Information and referral databases for 211 Texas, the Aging and Disability Resource Centers (ADRCs) and Centers for Independent Living would benefit from closer resource database coordination and sharing of common database records that cite the same programs and services. Providers for this population should also increase partnering efforts with one another and be visible in public forums such as health fairs. Such partnerships and visibility are especially true for addressing the needs of older individuals experiencing vision loss who may have other disabilities as well.

Another challenge is the difficulty many older adults have in acknowledging changes in their vision. Some older individuals experiencing vision loss may not realize that they need help and have the perception that aging vision loss is normal. They may also refuse help or be unaware that help exists. These realities can make it hard for an individual to adjust to their vision loss and understand their prognosis. Summit participants also raised issues about denial by immediate family members to accept the individual's vision loss and its ramifications on the family dynamics. Increasing education and training for family support as well as informing individuals and their families about programs available in their area, can lead to greater acceptance of a person's vision loss.

Public perception of what vision loss means for an individual has historically been negative<sup>5</sup>. Individuals with vision loss may not understand or be aware of

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<sup>5</sup> ATWAC Report

when they might need services. The state needs to increase its public outreach and education efforts to address misconceptions about blindness and vision loss. As an example, HHSC could expand the [Caregiver Campaign](#) to provide specific resources to caregivers about older individuals and vision loss. This outreach should include webinars, trainings, and referral resources.

A significant challenge—especially in rural areas—pertains to [Access to Assistive Technology and Training](#). Many older individuals lack basic computer and mobile phone skills. A dearth of assistive technology providers and trainers, combined with a lack of stable, reliable broadband connectivity in these areas, shows that there also needs to be a focus on accessible and acceptable low-tech solutions that do not require broadband connectivity. Another challenge is accessible transportation ([Travel and Transportation Access](#)). Individuals may struggle to adjust when they are no longer able to drive. This situation often leads to the isolation of the individual. Public transportation could help address these issues; however, there are currently gaps in public transportation services, limitations on service areas, or restrictions on service usage.

## **Recommendations**

1. Area Information Centers and Aging and Disability Resource Centers that actively contract with HHSC must take proactive steps to ensure all vision service providers are listed in the 2-1-1 Texas database. This goal can be accomplished through the strategic deployment of dedicated outreach specialists who will consistently monitor and update the database, ensuring it remains a reliable resource for all.
2. Low vision providers must actively seek partnerships with one another and enhance visibility in public forums, including health fairs and conferences where CEUs are offered. This collaboration is crucial for effectively addressing the needs of older individuals experiencing vision loss, many of whom may also have other disabilities.
3. Professional organizations, such as the National Federation of the Blind (NFB), the American Council of the Blind (ACB), Foundation Fighting Blindness, or the American Printing House for the Blind (APH), play a vital role in public outreach and should intensify their efforts to inform older individuals who are experiencing vision loss, as well as their families and their service providers, about available peer support and skill training opportunities.
4. Texas HHSC must prioritize education and training for family support. By collaborating with lighthouses or lighthouse-like agencies, Aging and Disability Resource Centers (ADRCs), vision health organizations, and

other constituent organizations, HHSC can provide essential information about local programs to individuals and their families.

5. The state should increase public outreach and education efforts to address misconceptions about blindness and vision loss. HHSC should expand the [Caregiver Campaign](#) to provide specific resources to caregivers about older individuals and vision loss. HHSC should target healthcare providers and medical schools as a potential audience for this outreach. This outreach and education should include webinars, trainings, and referral resources.

## ***Identification and Referral***

OIB is often utilized by retirees but is located under TWC, which can confuse older Texans looking for these services. Additionally, the name OIB may be unappealing or deter individuals from signing up for services because people do not always self-identify as blind. To address these challenges, TWC should increase its marketing or consider changing the branding for the OIB program to make learning about the services more accessible to other service providers and referral resources. This marketing can include creating a unique URL for the OIB program so that individuals and families doing an internet search for available services are taken directly to a website specifically designed with resources for this population. Furthermore, TWC should adopt a multimedia marketing approach (e.g., YouTube, social media, PSAs) to reach a broader audience regarding the needs and available services for older individuals who are blind, visually impaired, or experiencing vision loss. To gain a better understanding of the customers being served, TWC should establish a Customer Advisory Committee to advise OIB on potential improvements to better serve older adults experiencing vision loss. This would allow for frequent feedback and process improvement for OIB potentially allowing them to serve more than the one percent of the older adult population with vision loss that is currently served through the program.

Another challenge this community faces is the lack of coordination at the state and local levels to ensure continuity of services. However, there is currently no formalized and standardized intake procedure that can be used by ADRCs. Texas ADRCs are highly visible and trusted sources where individuals of all ages, incomes, and disabilities can receive information and one-on-one counseling about the full range of long-term services and supports available in Texas.

While the issue of a lack of standard intake procedures has been identified, it remains unresolved. HHSC is actively working to standardize the intake process upon implementation of a statewide information management system. The statewide information management system is currently in the procurement process with a tentative contract start date of September 2025. After implementation and during standardization, HHSC should ensure that there are templates included in the standard intake procedures that include specific questions on vision loss. To further improve service continuity, [HHSC's Aging Texas Well Plan](#), the [State Plan on Aging](#), and other statewide and local plans should be better coordinated to ensure continuity of services. This can be partially accomplished through the inclusion of a template for standardized data collection for Area Agencies on Aging (AAAs) and ADRCs to utilize. The

data collection templates must include specific questions on vision loss. These plans must also include specific strategies for addressing vision loss in older adults, such as the ones outlined in this report. To aid in data collection and for better access to services, HHSC should develop a screening tool for in-home health care attendants to use to help identify people who are older adults but may not identify as blind or having low vision. The Helen Keller National Center (HKNC) is creating a two-part vision and hearing loss screener that can serve as a model. The use of such tools would enable those older adults to access services through a referral from their home health attendant. Referrals can come from family, friends, social workers, neighbors, doctors, caregivers, adult children, or other agencies (e.g. churches, 2-1-1). Aging services must play a more prominent role in meeting the needs of this population. These needs should be fully integrated into the aging services model, while preserving the specialized focus of the OIB program. Large conferences on aging, especially those hosted by HHSC and its contractors, such as the [Aging in Texas Conference](#), must include sessions and best practices on serving this population.

There is a need for increased training opportunities for individuals who are experiencing vision loss, their caregivers, and the AAAs, ADRCs, and other access points to services. For statewide resources and supports, reliable referral information should be at every access point and all staff should receive training on these services upon hiring.

Additionally, TWC should consider establishing measurable expectations for the OIB program to have OIB administrative staff to deliver training and presentations in communities across the state to make aging services partners aware of the OIB program and how to better serve older Texans with vision loss. OIB staff are the subject matter experts on older individuals who are blind and should serve as trainers to other aging staff about this population. The OIB program should create a training team to focus on training other trainers while maintaining OIB community services. This training would allow providers outside of the OIB program to become familiar with and support this population. Specifically, OIB staff should focus on training the staff of home health agencies, nursing homes, and nursing facilities to identify and support vision loss in their patients. Recent research indicates that as many as 66% of individuals in nursing facilities are experiencing vision loss or blindness and that many of these individuals could live independently if their vision disabilities



were adequately addressed and accommodated.<sup>67</sup> Adequately identifying and serving the needs of this population would allow for greater independence. With the proper supports and trainings, these individuals may be able to transition out of these facilities and back into the community. This could be accomplished partially through the development of an identification tool, similar to the Preadmission and Resident Review (PASRR), that would include a review of patients for vision loss. The individuals identified could take advantage of the [Money Follows the Person Waiver](#) in order to integrate back into the community with the appropriate supports and services. For those experiencing vision loss, it is important to expand training opportunities to include peer support. This support allows individuals to learn from each other and develop skills to navigate their vision loss. After receiving peer training, especially in group settings, providers should conduct follow-up in-home visits to ensure the skills are transferable.

In order to enhance exposure to and training on adaptive aids that could be beneficial, lighthouses for the blind, or lighthouse-like agencies, can partner with senior living facilities and senior centers to provide loaner devices. Senior facilities and senior centers should either assist in transporting their clients to lighthouses for the blind or other training or low vision centers, facilitate loaner devices for use at their centers, or both. The [Texas Technology Access Project \(TTAP\)](#) and the [Specialized Telecommunications Assistance Program \(STAP\)](#) should be leveraged to facilitate the use of loaner devices and trainings. Additionally, the lighthouses and senior centers should report data on the use of this type of program to help the state better understand the needs.

To address a lack of trainers available to provide this education, it is essential to broaden the training to support older adults with vision loss by expanding the trainers to include:

- volunteers to train on existing tools,
- community health workers,

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<sup>6</sup> William Monaco et al. "Risk Factors for Vision Loss among Nursing Home Residents: A Cross-Sectional Analysis," *Journal of Post-Acute and Long-Term Care Medical Association* 24, no. 1 (2022): 109, accessed June 28 2025, [https://www.jamda.com/article/S1525-8610\(22\)00828-3/fulltext](https://www.jamda.com/article/S1525-8610(22)00828-3/fulltext).

<sup>7</sup> William Monaco et al. "Prevalence of Vision Loss and Associations With Age-Related Eye Diseases Among Nursing Home Residents Aged ≥65 Years," *Journal of Post-Acute and Long-Term Care Medical Association* 22, no. 6 (2020): 1159, accessed June 28 2025, [https://www.jamda.com/article/S1525-8610\(20\)30742-8/abstract](https://www.jamda.com/article/S1525-8610(20)30742-8/abstract).

- vision health organizations,
- AmeriCorps Seniors/Senior Corp,
- Senior Companions, and
- family caregivers.

## **Recommendations**

6. TWC should increase its marketing and branding efforts for the OIB program to ensure that information about services is readily accessible to other service providers and referral resources. Establishing a unique URL for the OIB program should be a fundamental step in this effort.
7. TWC should adopt a multimedia marketing strategy such as utilizing platforms like YouTube, social media, and public service announcements to effectively expand outreach to a broader audience regarding the needs and available services for older individuals who are blind, visually impaired, or experiencing vision loss.
8. To gain a better understanding of the customers being served, TWC should establish a Customer Advisory Committee to advise OIB on potential improvements to better serve older adults experiencing vision loss. This would allow for frequent feedback and process improvement for OIB potentially allowing them to serve more than the one percent of the older adult population with vision loss that is currently served through the program.
9. HHSC should ensure that there are templates included in the standard intake procedures that include specific questions on vision loss. To further improve service continuity, [HHSC's Aging Texas Well Plan](#), the [State Plan on Aging](#), and other statewide and local plans should be better coordinated to ensure continuity of services. This can be partially accomplished through the inclusion of a template for standardized data collection for Area Agencies on Aging (AAAs) and ADRCs to utilize. The data collection templates must include specific questions on vision loss. These plans must also include specific strategies for addressing vision loss in older adults, such as the ones outlined in this report.
10. HHSC should develop a screening tool for in-home health care attendants to use. This tool would help identify people who are older adults but may not identify themselves as blind or having low vision, enabling them to access services through a referral from their home health attendant. The Helen Keller National Center (HKNC) has created a two-part vision and hearing loss screener that can serve as a model.

11. Large conferences on aging, especially those hosted by HHSC and its contractors, such as the [Aging in Texas Conference](#), must include sessions and best practices on serving this population.
12. The Legislature should reestablish [Sec. 531.0319](#) of Subchapter B, Chapter 531, Government Code and add the Texas Workforce Commission to the list of agencies required to conduct public awareness and education outreach.
13. TWC should consider establishing measurable expectations for the OIB program to have OIB administrative staff to deliver training and presentations in communities across the state to make aging services partners aware of the OIB program and how to better serve older Texans with vision loss. OIB staff are the subject matter experts on older individuals who are blind and should serve as trainers to other aging staff on this population. Specifically, OIB trainers should target home healthcare workers, institution staff, such as the staff for nursing homes and nursing facilities and hospitals. This training model would allow providers outside of the OIB program to become familiar with and support this population.
14. OIB staff should work with individuals who express the desire to leave an institution, such as a nursing home or nursing facility. OIB staff should collaborate with HHSC to utilize the Money Follows the Person Medicaid Waiver for these individuals who wish to leave an institution in order to integrate back into the community with the appropriate supports and services. This could be accomplished partially through the development of an identification tool, similar to the Preadmission and Resident Review (PASRR), that would include a review of patients for vision loss.
15. In order to enhance exposure to and training on adaptive aids that could be beneficial, lighthouses for the blind, or lighthouse-like agencies, can partner with senior living facilities and senior centers to provide loaner devices. Senior facilities and senior centers should either assist in transporting their clients to lighthouses for the blind or other training or low vision centers, facilitate loaner devices for use at their centers, or both. The [Texas Technology Access Project \(TTAP\)](#), [TSLAC Talking Book Program](#) and the [Specialized Telecommunications Assistance Program \(STAP\)](#) should be leveraged to facilitate the use of loaner devices and trainings. Additionally, the lighthouses and senior centers should report data on the use of this type of program to help the state better understand the needs.

## ***Independent Living Skills***

The goal of independent living (IL) is being able to live in your own home and community for as long as possible. Living independently with a visual impairment can be challenging. Visual impairments that occur later in life can create barriers that threaten independence. If they have proper supports, services, and community awareness, older people with visual impairments can continue to enjoy living independently. Texas will need to ensure that the goods and support services are available for this growing population to avoid these challenges. At the Summit, concerns were expressed regarding the potential 300,000 plus people who may need services, the staff limitations, and the need for appropriate referrals for IL services. The TWC OIB program has 32 OIB staff. Of those 32 staff, 20 are OIB Service Specialists responsible for serving the entire state, with some workers covering up to 30 counties in rural areas. The lack of OIB workers in many service areas limits their ability to assist individuals with questions and may also limit follow-up services. Their limited capacity may not allow for braille instruction or in-depth, robust IL, but it does allow for discrete skill or task-based services, such as learning to label pantry objects, making coffee, or other tasks.

OIB services are driven by consumer need. If consumers are unaware of what services could be provided, it may lead to inadequate services. TWC should increase their contractors for certified vision rehabilitation therapists and certified orientation and mobility (O&M) specialists for this program so that staff can provide more access to this service to people throughout the state. TWC OIB should also promote their [Guide to Independent Living for Older Individuals Who Are Blind or Visually Impaired](#) for use by individuals and their families while waiting to receive or receiving services through OIB. It would also be beneficial to turn this resource into a talking book and offer it in other formats, including an unencrypted MP3 audio format for individuals and their caregivers who are new to vision loss and are not yet signed up for the Texas State Library's Talking Book Program. The skills and resources in this guide are an invaluable resource and the content should be offered in more modern and engaging platforms including social media and short training videos. This should be used in conjunction with a video library of "How-To" videos on IL skills, modeled on [Future in Sight's Tech Videos](#) and the [Lessons for Living](#) hosted by Mississippi State University Older Individuals who are Blind Technical Assistance Center (OIB-TAC). These lessons can help individuals receive immediate access to training on how to navigate life with vision loss and empowers people experiencing vision loss to maintain their independence while they adjust. Another potential short-term solution to the staff shortage issues

is the use of accessible apps that connect people who are blind or low vision to professional visual interpreters for secure access to visual information anytime, anywhere. This community of individuals who are blind or low vision needs access to information. Without this access, they often rely on costly, in-person at-home support to receive access to information that could be provided remotely by a trained visual interpreter. The OIB program continues to innovate and explore ways to expand services to a growing population of Texans aged 55 and older experiencing significant vision loss. Presently, OIB is only able to serve approximately one percent of the estimated 300,000 plus members of this population. Until significant independent living skills training can be delivered to OIB customers to reach their IL skills goals, funding accessible apps that connect people who are blind or low vision to professional visual interpreters could offer a short-term lifeline to individuals needing immediate assistance to adjust to serious vision loss. These apps that provide access for people experiencing vision loss to professional visual interpreters can support these older individuals with daily living tasks, such as reading prescription medication labels, reading mail, or accessing controls in the home like thermostats, appliances, and healthcare devices.

Another way to address the needs of this large population is through the Senior Keys to Independence Program (SKIP). These SKIP sites offer daytime classes teaching independent living skills in an apartment-style setting to older adults who have been diagnosed with severe vision loss. This program enables them to travel daily from their homes to classes, promoting their learning about living with vision loss. During the 89th Legislative Session, the Texas Legislature appropriated \$1,000,000 for the 2026-2027 biennium to establish additional sites throughout the state. To continue supporting this population, targeted investments such as this need to be maintained and increased as the population increases. Trained vision professionals such as certified vision rehabilitation therapists, O&M specialists, and certified low vision specialists (CLVTs) should be part of these programs to ensure quality services are provided.

Various approaches to delivering IL skills training in group settings, such as mini-trainings in a common setting, were discussed at the Summit; however, most of the state's workforce centers do not allow such training sessions in their facilities. The state should review current facilities and policies to identify where the state could facilitate these mini-trainings. There is also a need to develop new training for emerging, cutting-edge technology and specifically best practices for the blind and visually impaired older population.

## Recommendations

16. TWC OIB should also promote their [Guide to Independent Living for Older Individuals Who Are Blind or Visually Impaired](#) for use by individuals and their families while waiting to receive or receiving services through OIB. It would also be beneficial to turn this resource into a talking book.
17. TWC OIB should host a video library repository of “How-To” videos on IL skills, modeled on [Future in Sight’s Tech Videos](#) and the [Lessons for Living](#) hosted by Mississippi State University Older Individuals who are Blind Technical Assistance Center (OIB-TAC). These lessons can help individuals receive immediate access to training on how to navigate life with vision loss and empowers people experiencing vision loss to maintain their independence while they adjust to vision loss.
18. TWC OIB should allocate funding mobile apps to ensure OIB customers can successfully achieve their IL skills goals. If possible, allow consumer choice for which app should be considered.
19. Another way to address the needs of this large population is through the Senior Keys to Independence Program (SKIP). To continue supporting this population, targeted investments such as this need to be maintained and increased as the population increases. The Texas Legislature should enact a multi-year and increased investment strategy to continue meeting this growing need. Trained vision professionals such as certified vision rehabilitation therapists, O&M specialists, and certified low vision specialists (CLVTs) should be part of these programs to ensure quality services are provided.
20. The state should review its current facilities and policies to identify areas where flexibility can be established to facilitate mini-trainings. There is also a need to develop new training for emerging, cutting-edge technology and specifically best practices for the blind and visually impaired older population.
21. The state should develop and conduct an annual “train the trainer” conference, where experts from OIB and the lighthouses can train other practitioners in IL skills training. Another possible solution is increased coordination efforts between and among OIB, the Centers for Independent Living, the lighthouses for the blind, the low vision medical and nursing communities, vision health organizations, and individual contractors and service providers.

## ***Access to Assistive Technology and Training***

Assistive technology (AT) is any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the functional capabilities of people with disabilities. For many older adults, the unknown about how “senior friendly” the process of getting connected with resources and technology services can be a deterrent to accessing services. The perception sometimes exists among older Texans that technology is too complicated to master for older individuals, especially someone with blindness or low vision (i.e., the “fear of technology”). In some instances, cultural barriers may limit an individual’s willingness or ability to get or use assistive technology. Technology trainers must be reminded that everyone learns at a different pace and level, and that older Texans often require more repetition and hands-on guidance.

These fears can be alleviated through targeted services and programs that connect older adults with technology training opportunities. Programs and services should focus on both general technology skills and specific AT skills, software, and hardware. The state should explore leveraging existing programs, such as [Cyber Seniors](#), the [Assistive Technology Industry Association \(ATIA\)](#), and [BridgingApps](#). The state should investigate partnering with or developing a program like [Cyber Seniors](#), which connects older adults with teen volunteers to support learning and help alleviate social isolation. ATIA and BridgingApps both provide AT-specific training for people with disabilities, including older adults. The American Publishing House for the Blind (APH) hosts Centers of Assistive Technology Training (CATTs) that provide free Assistive technology support for all APH products. Texas is in the [Southcentral Region](#). For those individuals who experience a dual sensory loss of hearing and vision, [ICanConnect](#), hosted by Perkins School for the Blind, provides free equipment and training. Based on data from the Helen Keller National Center, over 60% of Texans experiencing vision loss are also experiencing significant hearing loss. Utilizing programs like ICanConnect can meet the unique needs of this population.

The East Texas Lighthouse for the Blind also has a [professional development program](#) that includes general technology training, assistive technology training, advanced technology classes, and an in-person “boot camp” on assistive technology. This type of program should be expanded and implemented at Lighthouses, or Lighthouse-like agencies, around the state. The state should also develop a repository hosted by a state agency, such as TWC through OIB, and collect information about training programs, services, and providers throughout the state. This repository would aim to increase the



visibility and utilization of the [Texas Technology Access Program](#) while also helping connect individuals with the [Texas Optometric Association](#). This repository would allow individuals the freedom to utilize resources in their communities to maintain their independence while adjusting to their vision loss. As part of this program, the state should establish a clearinghouse for older technology to be reissued or recycled when appropriate. This system would also address the discrepancies in accessing services for AT that rural populations face by providing services to areas that traditionally have a dearth of providers. The repository could be a website with multiple pages dedicated to different types of resources, training videos, and access to the clearinghouse.

In addition to the actual cost of the technology, determining how to get the technology (or access to equipment if owned by another entity) and learning how to use it presents a significant challenge. In addition, in instances where there is an eligibility requirement, how to determine the cost (or cost share) and the specific criteria can be complicated. TWC-OIB and HHSC STAP should collaborate to streamline the process of accessing AT, making it easier and timelier. OIB should develop a fast-track procurement process for pre-approved tech devices ordered by the state. Another solution is the possibility of AT being prescribed as a medical device that a doctor or occupational therapist could authorize. HHSC must explore the types of aids that could be covered by Medicaid, such as monoculars, handheld magnifiers, video magnifiers, and software like screen readers and screen magnifiers. Finally, the Texas Legislature should provide funding for Texas public colleges and universities to provide a series of "AT 101" training classes specifically targeted at medical students or individuals in a health-related field. The training should be incorporated into their coursework or residency programs and could use the Certificate for Assistive Technology Instructional Specialist for Individuals with Visual Impairments as a model on what to include in the training. The training should also be required as Continuing Education for currently licensed healthcare providers.

## **Recommendations**

22. The state should actively leverage existing programs, such as [Cyber Seniors](#), the [Assistive Technology Industry Association \(ATIA\)](#)'s Learning Center, and [BridgingApps](#). These programs should be added to the OIB portfolio of resources.
23. The state, through TTAP, should also investigate partnering with or developing a program like [Cyber Seniors](#), which connects older adults with teen volunteers, fostering learning and alleviating social isolation.



24. Expand and implement the East Texas Lighthouse for the Blind's model [professional development program](#), which encompasses general technology training, assistive technology training, advanced technology classes, and an in-person "boot camp" on assistive technology at other lighthouses around the state.
25. The state should create a centralized repository hosted by a state agency that collects comprehensive information about training programs, services, and providers throughout the state. This repository should aim to increase the visibility and utilization of the Texas Technology Access Program, enabling better connections between individuals and the Texas Optometric Association. As part of this program, the state should establish a clearinghouse for older technology ensuring devices are reissued or recycled when appropriate. This repository can include the information in recommendation 22 and 23. Alternatively, TWC could host the repository through OIB. This system would also address the discrepancies in accessing services for AT that rural populations face.
26. Develop a fast-track procurement process for pre-approved tech devices ordered by the state through OIB, HHSC's Specialized Technology Assistance Program (STAP), or through other state procurement processes.
27. Investigate the possibility of AT as a medical device (or prescription) that doctors or occupational therapists could authorize. HHSC should investigate Medicaid coverage of low vision optical devices and technology such as monoculars, handheld magnifiers, video magnifiers, and software like screen readers and screen magnifiers.
28. The Texas Legislature should allocate funding to Texas public colleges and universities to provide a series of "AT 101" training classes designed for medical students or those in a health-related field, such as social work. This training should be incorporated into their coursework or residency programs and could use the Certificate for Assistive Technology Instructional Specialist for Individuals with Visual Impairments as a model on what to include in the training. The training should also be required as Continuing Education for currently licensed healthcare providers.

## ***Travel and Transportation Access***

Safe, reliable, and accessible transportation is crucial for people with disabilities to access and participate in all aspects of society. This need is true for older adults experiencing vision loss, but there are still many barriers to accessible transportation.

Coordinating transportation access at the local, state, and federal levels is imperative for effectively serving this population. Often, additional funding is needed to implement new and expanded coordination projects or strategies. A key avenue to accomplish this is the Federal Transit Administration (FTA) [Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program](#). The program is designed to enhance mobility for older adults and persons with disabilities by providing funding for programs, such as mobility management services, that address the special needs of transit-dependent populations beyond traditional public transportation services and the Americans with Disabilities Act (ADA) complementary paratransit services,. While the Texas Department of Transportation (TxDOT) is responsible for coordinating the funding and awarding grants for this program, the grants must be applied for by nonprofits and local public entities and documented in the regionally developed public transportation coordination plans.

From December 2024 through January 2025, TxDOT hosted 17 public workshops on the Section 5310 program around the state and conducted an online survey; however, only 321 people (including TxDOT staff) attended the public workshops in total, and there were only 126 responses to the online survey. These workshops were designed to collect public input on the need for services for older Texans and people with disabilities, as well as to provide instruction on the Section 5310 program requirements. The National Aging and Disability Transportation Center (NADTC) published [guidance for Section 5310 websites](#) on best practices that TxDOT can implement to improve participation in future Section 5310 workshops and surveys. Implementing these best practices may also increase participation in the grant program, as it would make it easier for potential participants to find the program's requirements, eligibility criteria, and application process. TxDOT should also consider partnering with other state agencies, such as HHSC and GCPD, to promote awareness of these workshops and surveys and drive more participation across the state. TxDOT currently hosts a website specifically for [regional public transportation coordination planning](#), which offers many helpful resources, including the [Coordination Plan Guidebook](#), for regions that wish to utilize Section 5310. TxDOT should continue to update this website to include documents such as coordination templates, the [CCAM Federal Fund Braiding](#)

[Guide](#), and information about other funding sources for these projects (e.g., [Urbanized Area Formula Funding 5307 Program](#) and the [Formula Grants for Rural Areas Program 5311](#)).

Currently, there are significant limitations on how riders can access and use demand-response and para-transit services, including difficult and burdensome applications that are often not accessible to screen readers. To qualify for these services, individuals are required to travel to a central location for an assessment. However, because they face barriers to traveling independently or using public transit, this travel may create an undue burden on the individuals trying to access services. There are several potential solutions to this important issue.

First, the [Coordinating Council on Access and Mobility Technical Assistance Center \(CCAM-TAC\)](#) is a federal interagency council that is dedicated to coordinating funding and implementing initiatives that improve the availability, accessibility, and efficiency of transportation for people with disabilities, older adults, and individuals of low income. CCAM-TAC has highlighted information about a new diagnostic code recognized by the Centers for Medicare and Medicaid (CMS) that doctors can use to document an individual as having "[transportation insecurity](#)." The ICD-10 code is Z59.82. While this code is currently designated for diagnostic and reporting purposes only, CCAM-TAC is advocating for CMS to enable reimbursement for transportation insecurity in the near future. In the interim, it is imperative to explore alternative methods for conducting these assessments, such as home visits. Some transit providers offer a para-transit ride to a passenger with a disability who is needing to travel to the eligibility evaluation appointment. This practice should be standardized across all Texas transit providers to reduce barriers to transportation independence.

Second, even when riders gain access to transportation services, they still face several limitations. For example, depending on the transportation provider and funding source, rides are often restricted to medical appointments only. Geographic limitations also pose a challenge; buses may not cross city or county lines, confining riders to services within their own municipality. To the extent that funding allows, it is essential to modify transportation destination requirements to allow riders to travel according to their needs and for purposes beyond just medical appointments. Providing interlocal public transportation for riders is one of the greatest transportation challenges due to the nature of local funding; currently most services only serve their municipality, not adjacent communities where vital healthcare resources are located. Some areas of Texas have resolved this through partnerships, such as the CapMetro

partnership with [Capital Area Rural Transportation System \(CARTS\)](#) that, with funding from a 5310 grant, allows for CapMetro and CARTS to collaborate on an [Office of Mobility Management](#) which includes a Trip Planning Specialist who serves as a source of referral and as a resource on transportation resources for the 10-county area. Other states have addressed this problem through the establishment of robust no-cost ride programs provided by non-profits via grant funding that serve rural communities, such as [Oregon's Ride Connection](#). Furthermore, multiple Summit participants expressed the importance of bus companies and para-transit services providing enhanced training on how to effectively interact with and support blind or visually impaired riders.

Lastly, a significant need to provide more orientation & mobility (O&M) services was identified, especially in rural areas of Texas. Orientation and mobility specialists teach individuals with vision impairments to learn how to use the long cane to travel safely, confidently, and independently in their environment. HHSC should explore addressing the lack of access to services by utilizing Medicare or Medicaid funding to cover O&M training. However, this does not address the shortage of O&M instructors. This aspect of the issue could be addressed by increasing funding levels for pre-service training in O&M at the graduate level. To further address recruitment and retention challenges, it is recommended that pay rates for O&M instructors be increased. Vibrant Works in San Antonio received a [fall prevention grant](#) that is used to fund O&M services related to fall prevention. One of the goals of the grants is to develop capacity to increase the number of older adults and adults with disabilities who participate in evidence-based falls prevention programs to empower them to reduce falls and/or their risk of falls. This type of grant could be expanded to other lighthouses to offer funding for O&M. Best practices from the programs provided by Vibrant Works through this grant must be shared with other lighthouses or lighthouse-like agencies.

## **Recommendations**

29. TxDOT should implement the best practices published in the National Aging and Disability Transportation Center (NADTC) [guidance for Section 5310 websites](#) to significantly improve participation in future Section 5310 workshops and surveys.
30. TxDOT should also consider partnering with other state agencies, such as HHSC and GCPD, to promote awareness of these workshops and surveys and drive more participation across the state.
31. TxDOT should continually update its [regional public transportation coordination planning](#) website to include essential documents such as

coordination templates, the [CCAM Federal Fund Braiding Guide](#), and comprehensive information regarding other funding sources for these projects (e.g., [Urbanized Area Formula Funding 5307 Program](#) and the [Formula Grants for Rural Areas Program 5311](#)).

32. Medical providers must be informed about and incentivized to utilize the new diagnostic codes recognized by CMS to accurately document an individual as having "[transportation insecurity](#)."
33. Municipal transit providers should explore alternative avenues for receiving the assessment for para-transit services, such as determining the feasibility of home visits. Alternatively, Some transit providers offer a para-transit ride to a passenger with a disability who is needing to travel to the eligibility evaluation appointment. This practice should be standardized across all Texas transit providers to reduce barriers to transportation independence.
34. To the extent that funding permits, transportation destination requirements should be modified to allow riders to travel at their convenience and for purposes beyond just medical appointments.
35. TxDOT and local riders should encourage their regional transportation authority's participation in the 5310 program to establish an Office of Mobility Management and provide more interlocal transportation.
36. Bus companies and para-transit services need to provide enhanced training to ensure appropriate interaction with and effective service for blind or visually impaired riders.
37. HHSC should investigate the potential of utilizing Medicaid funding to cover orientation and mobility training.
38. The Texas Legislature must allocate funding to Texas public colleges and universities that provide pre-service training for O&M at the graduate level.
39. To further address recruitment and retention challenges, OIB should increase pay rates for O&M instructors.
40. The grant program provided to Vibrant Works could be expanded to other lighthouses to offer funding for O&M. Best practices from the programs provided by Vibrant Works through this grant must be shared with other lighthouses or lighthouse-like agencies.

## ***Workforce Investment and Expansion***

Many individuals over 55 are still in the workforce and may need assistance to support their career goals. The Texas Workforce Commission (TWC) offers both Vocational Rehabilitation as well as OIB services. TWC staff may need more training to appropriately assess individual needs and offer the correct services. TWC can train staff to better understand OIB when taking referrals and how to help that individual while they are on the phone with them. An individual's age and vision disability should not be the primary determinant for referral to the OIB Program. The vocational rehabilitation program has greater resources to serve this population who may still have a desire to work beyond their late 50s once they understand and receive the rehabilitation training to live and work successfully with vision loss.

HHSC should investigate the ability to allow Certified Orientation and Mobility Specialists (COMS) as providers who are able to utilize CPT codes to bill for services. A COMS is a professional who specializes in teaching individuals with visual impairments how to navigate their environment safely and independently. Alternatively, the training shortage could be addressed through the incorporation of orientation and mobility (O&M) skills and vision rehabilitation training into occupational therapy (OT). OT professionals, or COMS if allowed, can utilize CPT medical billing codes such as 97535 and 97530 to provide preliminary O&M services focused on in-home safety. OT providers should be encouraged to add specializations in vision to their programs if they do not already have that option. A new certification through Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP) for OTs working with individuals who have vision loss, including this population of older adults, that requires additional training and passing an exam has been created called the [Occupational Therapist Certified in Adult Vision Rehabilitation \(OTCAVR\)](#). Pursuit of this certification should be heavily emphasized and incentivized. TWC should designate O&M as a high wage, high demand career to address the shortages in providers as well as the low reimbursement rates of O&M instructors.

Finding qualified staff to provide low vision training and programs that offer IL skills training is a tremendous challenge, necessitating in-house training for OIB workers. Issues were identified due to a lack of referrals to community organizations resulting from staff turnover, whether OIB staff or community partner staff. This can lead to gaps in services, a lack of appropriate referrals, and a lack of knowledge of the OIB program. The state should develop and conduct an annual "train the trainer" conference, where experts from OIB and the lighthouses can train other practitioners in IL skills training. Another possible solution is increased coordination efforts between and among OIB, the

Centers for Independent Living, the lighthouses for the blind, the low vision medical and nursing communities, vision health organizations, and individual contractors and service providers. The Legislature should appropriate money to train highly qualified personnel working with this older population. This funding would increase the supply of qualified staff. Having O&M specialists, certified vision rehabilitation therapists, LV therapists, and OTs receive state funding to be trained in these specialty areas with a focus on older individuals with vision loss would help address the shortage at OIB. Such past and current funding from both federal and state resources has significantly increased personnel serving children who are blind or visually impaired. A similar model could recruit more qualified individuals for this older population.

There is a significant disconnect between optometrists and ophthalmologists, as well as between various healthcare providers and healthcare professionals within this field. Many ophthalmologist practices do not have a low vision specialist or optometrist on staff, particularly in rural areas where access to providers is limited. This leads to a lack of awareness about low vision services, such as exams and devices, including training and resources, that can be made available to people with visual impairments. Additionally, low reimbursement rates or lack of coverage under Medicaid and Medicare exacerbate this issue, leading many providers to avoid serving this population.

Working in collaboration, the Texas Optometric Association, Texas Ophthalmological Association, the Texas Medical Association, university programs and medical schools, and individual practitioners should advocate for better coordination, such as encouraging ophthalmologists to employ or collaborate with low vision optometrists. This advocacy and collaboration can significantly impact this population. Continuing education units (CEUs) should be offered for both populations to foster collaboration in this field. Moreover, ophthalmology and optometry programs should require rotations within a low vision service as a component of their residency requirements. To address the issue of low reimbursement rates, Texas should consider revising the billing model to allow for longer appointment times, potentially extending up to 90 minutes.

### **Recommendations**

41. TWC should train staff to better understand OIB when taking referrals and how to help that individual while they are on the phone with them. An individual's age and vision disability should not be the primary determinant for referral to the OIB Program.
42. HHSC should investigate the ability to allow Certified Orientation and Mobility Specialists (COMS) as providers who are able to utilize CPT codes to bill for services through Medicaid. Alternatively, the training



shortage could be addressed through the incorporation of orientation and mobility (O&M) skills and vision rehabilitation training into occupational therapy (OT). OT professionals, or COMS if allowed, can utilize CPT medical billing codes such as 97535 and 97530 to provide preliminary O&M services focused on in-home safety. OT providers should be encouraged to add specializations in vision to their programs if they do not already have that option. A new certification through Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP) for OTs working with individuals who have vision loss, including this population of older adults, that requires additional training and passing an exam has been created called the [Occupational Therapist Certified in Adult Vision Rehabilitation \(OTCAVR\)](#). Pursuit of this certification should be heavily emphasized and incentivized. Finally, the TWC and HHSC Standards for Providers Manuals that address standards for O&M services should be reviewed to remove or reduce burdensome administrative procedures that could present a barrier to O&M providers more efficiently serving this population.

43. TWC should designate O&M as a high wage, high demand career to address the shortages in providers as well as the low reimbursement rates of O&M instructors.
44. Working in collaboration, the Texas Optometric Association, Texas Ophthalmological Association, the Texas Medical Association, university programs and medical schools, and individual practitioners should advocate for better coordination, such as encouraging ophthalmologists to employ or collaborate with low vision optometrists, which can significantly impact this population. Continuing education units (CEUs) should be offered for both populations to foster collaboration in this field.
45. Ophthalmology and optometry programs should require rotations within a low vision service as a component of their residency requirements.
46. To address the issue of low reimbursement rates for low vision services, Texas should consider revising the billing model to allow for longer appointment times, potentially extending up to 90 minutes.
47. The Legislature should appropriate money to train highly qualified personnel working with this older population. This funding would increase the supply of qualified staff. Having O&M specialists, certified vision rehabilitation therapists, LV therapists, and OTs receive state funding to be trained in these specialty areas with a focus on older individuals with vision loss would help address the shortage at OIB. Such past and current funding from both federal and state resources has significantly increased personnel serving children who are blind or visually impaired. A



similar model could recruit more qualified individuals for this older population.

## **Findings and Conclusions**

The Aging and Vision Loss Summit highlighted the urgent need for focused investment in the growing population of older Texans who are experiencing vision loss. By 2050, this population will be nearly one million individuals. Without increased, targeted and sustained investments in services, training, and infrastructure, the population will overwhelm already strained local and state services. State agencies must be encouraged to use their strategic plans to prioritize services to the older population experiencing vision loss. This could include developing templates for local data collection, creating targeted strategies for investment in this population, and establishing requirements for providing services to this population or referrals to these services. Agencies should leverage this report, its goals, and recommendations as a tool to refine and align agency performance measures in order to implement these recommendations.

While statewide broadband access is a known issue in Texas, especially in rural areas, the state still needs to offer initial technology training on mobile phones and applications. Independent living skills can and should be taught to both consumers and their caregivers using social media. Specific, discrete skill trainings can be made into social media “shorts,” catchy videos that are typically less than a minute. These “shorts” can also include links to longer videos that provide more in-depth skills training. To address the rapidly growing demand, the state must continue to modernize its approach.

State agencies must collaborate to better serve this population. The OIB program and its staff are the experts on vision loss for older adults in this state. When combined with the incredible capacity of HHSC, this program has the potential to truly change the lives of older Texans with vision loss. To achieve this, it is essential that state agencies work collaboratively. Additionally, TxDOT could enhance its effectiveness by collaborating with state agencies that work more specifically with older Texans and with Texans with disabilities in order to serve more of these populations’ needs. TxDOT should consider collaborating with GCPD, HHSC, and OIB to reach more individuals who require accessible transportation services.

Getting information to older Texans with vision loss is important, but just as important is hearing from this population on the barriers they face and the gaps in services they experience. The OIB program is strongly encouraged to

establish a consumer advisory committee, modeled after the Rehabilitation Council of Texas, to provide oversight and guidance to the program. This could better identify gaps in services and foster further innovation in Texas.

A significant finding of the Summit was the lack of parity in healthcare coverage. Depending on the type of disability or healthcare need a person has, their medical needs may be entirely covered by Medicaid and other insurance programs. However, this is rarely the case for older Texans who have a sensory disability, such as vision loss. HHSC must implement better healthcare parity for vision rehabilitation services, low vision aids, devices, and assistive technologies, similar to what is provided for orthopedic disabilities, where orthotics, prosthetics, and durable medical equipment are comprehensively covered.

The Summit findings emphasize an urgent and growing need to strengthen and enhance services for older Texans experiencing vision loss. This requires a multi-pronged, coordinated response that includes targeted investments, expanded outreach, improved training, and strategic collaboration across agencies and organizations. By building on existing successful models, addressing workforce challenges, and advocating for sustained funding at local, state, and federal levels, Texas can ensure this vulnerable population is not left behind. A continued commitment to innovation, accessibility, and accountability will be essential in addressing the evolving needs of older adults with vision loss and helping them to avoid institutionalization and remain in the community.

*Policy Note: This report was prepared by committee members of the GCPD based on input at its quarterly meetings, listening sessions with disability stakeholder groups, staff research, and input from committee-directed interagency workgroups. The recommendations in this report represent the collective efforts of the GCPD committee members and staff. The opinions and recommendations expressed in this report are the committee members' own and do not reflect the views of the Governor or the Office of the Governor. The information contained in this document was discussed and voted upon at regularly scheduled meetings in accordance with the Texas Open Meetings Act.*

## Appendix: Resources

[Aging in Texas Conference](#)

[Aira](#)

[American Council of the Blind \(ACB\)](#)

[APH Connect](#)

[BridgingApps](#)

[Capital Area Rural Transportation System \(CARTS\)](#)

[CARTS and CapMetro's Office of Mobility Management](#)

[CCAM Federal Fund Braiding Guide](#)

[Centers of Assistive Technology Training \(CATTs\), Southcentral Region Coordinating Council on Access and Mobility Technical Assistance Center \(CCAM-TAC\)](#)

[Coordination Plan Guidebook](#)

[Cyber Seniors](#)

[East Texas Lighthouse professional development program](#)

[Fall prevention grant](#)

[Formula Grants for Rural Areas Program 5311](#)

[Foundation Fighting Blindness](#)

[Future in Sight's Tech Videos](#)

[HHSC's Aging Texas Well Plan](#)

[HHSC's Caregiver Campaign](#)

[HKNC 2-part vision/hearing screener](#)

[ICanConnect](#)

[Mississippi State University Older Individuals who are Blind Technical Assistance Center \(OIB-TAC\)'s Lessons for Living](#)

[Money Follows the Person Waiver](#)

[National Federation of the Blind \(NFB\)](#)

[Occupational Therapist Certified in Adult Vision Rehabilitation \(OTCAVR\)](#)

[OIB Toll-Free Number: 844-633-3642 or 844-NEED-OIB.](#)

[Oregon's Ride Connection](#)

[Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program](#)

[Texas Optometric Association](#)

[Texas Technology Access Program](#)

[The Assistive Technology Industry Association \(ATIA\)](#)

[The National Aging and Disability Transportation Center \(NADTC\) published guidance for Section 5310 websites](#) on best practices

[The State Plan on Aging](#)

[Transportation insecurity as diagnostic code](#)

[TWC OIB's Guide to Independent Living for Older Individuals Who Are Blind or Visually Impaired](#)

[TxDOT's Regional Public Transportation Coordination Planning website](#)

Urbanized Area Formula Funding 5307 Program