PATIENT CARE SERVICES
PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP)
CLINICAL PRACTICE RECOMMENDATIONS (CPR)

VETERAN EVALUATION FOR USE OF GUIDE DOG/SERVICE DOG (GD/SD) IN PLAN OF CARE

I. PURPOSE

The purpose of this clinical practice recommendation (CPR) document is to provide Department of Veterans Affairs (VA) clinicians and administrative personnel with criteria and guidance for recommending guide dogs or service dogs (GD/SD) to Veteran beneficiaries and supporting referral to accredited service dog organizations for evaluation. The use of a GD/SD should be part of the Veteran's treatment plan as well as part of the overall rehabilitation and restorative care of the Veteran.

II. BACKGROUND

The Under Secretary for Health directed Patient Care Service's Prosthetic and Sensory Aids Service (PSAS) to establish a Prosthetic Clinical Management Program (PCMP) to coordinate the development of CPRs for prosthetic prescription practices. Guide dog and service dog evaluation and referral is a prosthetic prescriptive practice (GD/SD benefits) and a clinical decision (GD/SD integration into care plan).

This CPR establishes the uniform basis by which a determination is made whether a specific Veteran's rehabilitation and restorative care might be enhanced by a GD/SD. If the determination is that a GD/SD is likely to enhance rehabilitation and restorative care, PSAS would provide approved benefits such as hardware and veterinary costs for said dog after the Veteran obtains the GD/SD from an accredited GD/SD organization.

A group of clinicians including but not limited to those with expertise in blind rehabilitation, hearing loss and treatment, epilepsy and seizure activity, and mobility and functional activities developed these recommendations regarding Veteran need for GD/SDs. Each Veteran is entitled to an individualized evaluation of his or her needs and whether the needs might be best met by adding a GD/SD to the rehabilitation and restorative care plan. The clinicians who are responsible for recommending GD/SDs will take into account the Veteran's medical diagnoses, prognosis, functional abilities, limitations, rehabilitation goals, and life ambitions related to functionality.

Note: *At this time, this CPR does not include recommendations for the use of dogs for a mental health diagnosis, including Post Traumatic Stress Disorder. If research efforts currently underway result in a determination that service dogs are an appropriate adjunct to clinical care for such diagnoses, an amendment or supplement will be published detailing clinical recommendations for use of service dogs in Mental Health*

(MH) rehabilitation and restorative care.

III. DEFINITIONS

Service dogs and categories of service dogs are defined below; other related terms are contained in the Glossary of Terms, Appendix A.

Service Dog: A service dog is a dog that works with an individual with one or more disabilities. Service dogs are trained to perform a wide range of tasks that mitigate a variety of disabilities, including but not limited to: bracing, retrieving, alerting to a medical crisis, and providing assistance in a medical crisis. Service dogs can be partnered with adults with disabilities requiring a wheelchair, someone who needs help walking and/or balancing, or someone who has disabling seizures. Service dogs are trained to do tasks to mitigate their partners' disabilities. The presence of a dog for protection, personal defense, or solely for comfort does not qualify that dog as a service dog.

Guide Dog (GD): A GD is a dog for the visually impaired that has been trained by a bona fide GD school to guide and provide other specialized services to a blind or visually impaired person.

Hearing Dog (HD): A HD is a service dog specifically trained to assist persons with deafness or severe hearing impairment by alerting the partner to environmental sounds such as doorbells, smoke alarms, telephones, baby crying, alarm clocks, intruders, or other noises. HDs are trained to alert their owners by touch and lead them to everyday sounds. HDs may be used outside the home to alert to traffic hazards or sirens.

Mobility Dog (MD): A MD is a service dog specifically trained to provide physical assistance to a person with a physical disability that impacts gait, balance, strength, dexterity or other musculoskeletal or neurological functioning associated with mobility. The dog may provide assistance for maneuvering and navigation in conjunction with mobility assistive devices. To assist with environmental control and activities of daily living, the dogs are commonly trained to retrieve objects, open and close doors, assist with dressing activities, and operate light switches.

Seizure Response Dog (SRD). A SRD is a service dog specifically trained to recognize that a person is having a seizure and to provide support to the person during the seizure (ictal period) and after the seizure when the person is recovering (post-ictal interval). The support that a SRD can provide may include, but is not limited to: 1) contacting via a dedicated phone, an emergency medical service (typically "911") or a family member or other specific individual who can provide human support to the Veteran; 2) retrieving water, medication or other supportive material for the Veteran when the Veteran regains consciousness in the post-ictal period; 3) providing bracing support to the Veteran during the post-ictal period to facilitate the ability of the Veteran to rise from the floor or wherever the Veteran is during the seizure. SRDs do not abort seizures, cannot be

expected to break the fall of a person having a seizure, and cannot prevent persons having a seizure from injury due to activities such as biting one's tongue or choking.

Animal-assisted Therapy Dog / Animal-assisted Activity Dog (AATD/AAAD): Guide and service dogs should not to be confused with an Animal-assisted Therapy dog or an Animal-assisted Activity dog. These dogs are used either to assist therapists to accomplish therapeutic goals individualized to a specific patient population or for general engagement of the patients, respectively. These dogs are used at the Medical Center's discretion for therapy and are not for an individual Veteran.

IV. GENERAL INDICATIONS AND CONTRAINDICATIONS

The following general indications and contraindications for GDs/SDs are not related to any specific service need, and should be considered prior to determining individualized task or service specific indications or contraindications.

A. General Indications

GDs/SDs are a form of rehabilitation and/or restorative care support and are a component part of the overall treatment plan for the Veteran. The provider should clearly articulate to the Veteran that the decision to provide a GD/SD rests with the service dog organization that will issue the dog in the event the Veteran meets the service dog organization's requirements. Most often, these service dog organizations assign or place the dog with the Veteran to provide services, but retain ownership of the dog.

When considering the inclusion of a GD/SD in the care provided for a Veteran, the provider should discuss and affirm all of the following:

1. The Veteran is able and willing to complete the specific GD/SD training requirements.
2. The Veteran has the physical ability to care for a GD/SD and is willing to provide the needed care.
3. The Veteran needs to provide consistent commands to the GD/SD to enable the dog to support the Veteran. The Veteran must have sufficient cognitive ability and memory command to be able to effectively direct the service dog. If there is concern regarding cognitive capacity and or memory ability, the Veteran can be evaluated by using standardized cognitive ability tests such as:

a. The Montreal Cognitive Assessment Test (MOCA): The Veteran should score at a level sufficient to indicate cognitive ability in the normal to mildly cognitively impaired level. Although no score is recommended as a cut-off or elimination score, the test will provide the clinician with an indication of the ability of the Veteran to manage a GD/SD.

b. The Wechsler Memory Scale (WMS): The Veteran should score in the normal range for memory on the WMS. Mild memory impairment should be considered when determining the ability of the Veteran to manage a service dog, but should not in and

of itself serve as a reason to decline support for acquiring a service dog if the Veteran has the sufficient memory, cognitive and physical capacity to manage a GD/SD.

4. The Veteran's family members are agreeable to bringing a GD/SD into the home.
5. Family members are prepared to incorporate the GD/SD into the family when the dog is not working for the Veteran.
6. Other animals or pets must adapt to the introduction of the GD/SD (GD/SD must be priority concern).
7. The family members understand the importance of treating the GD/SD as a working dog, including adhering to rules such as not touching or speaking to the service dog when it is working.
8. The GD/SD must be able to function in the home as needed to achieve its personal needs such as toileting, grooming, resting quietly, playing, etc. (For example, a fenced yard may be required by the service dog organization providing the GD/SD.)
9. If the Veteran does not own the home in which he/she is living, the owner of the property must be willing to accept the addition of the GD/SD into the home.
10. There must be someone willing and able to care for the GD/SD should the Veteran become temporarily or permanently unable to do so (contingency planning).
11. The Veteran must be able to financially support the GD/SD and pay for items which are not covered under VA benefits (food, grooming, kenneling, etc. are not covered).
12. The Veteran and family are prepared for an 8-13 year commitment to the GD/SD (average life expectancy).
13. The Veteran (and everyone else) in the home is free of dog allergies and/or fear of dogs. If there are dog allergies or fear of dogs, the family must have an appropriate plan for dealing with them.
14. There is no history of the Veteran or anyone in the home being abusive to animals.

B. General Contraindications

In general, if there are one or more negative responses to the General Consideration statements discussed above, there is reason to question the appropriateness of supporting the inclusion of a GD/SD in the Veteran's plan of care. The following items should also be considered as part of the evaluation. These considerations provide additional information regarding the appropriateness of supporting the placement of a GD/SD with the Veteran.

1. The Veteran who may be considering a GD/SD is in a continuum of rehabilitation; his or her skills have not been maximized, therefore the definitive need for the dog cannot be determined until the Veteran has developed the appropriate underlying rehabilitation skills needed to utilize a GD/SD in attaining rehabilitation goals.
2. The Veteran demonstrates erratic behavior and/or inability to reason and apply sound judgment. The Veteran may be referred to a Mental Health provider for further assessment and/or intervention if that has not already been addressed.

V. SPECIFIC INDICATIONS AND CONTRAINDICATIONS

These are in addition to the general indications/contraindications listed above and are broken down for each specific type of service needed.

A. Specific Indications for a GD (GD)

1. The Veteran has successfully demonstrated competent Orientation & Mobility (O&M) skills and techniques.
2. Use of a GD is predicted to confer benefits upon the patient that surpass those of traditional instruction and assistive technology, such as:

a. Navigating obstacles.
b. Avoiding physical contact with head and upper body-level objects.
c. Recognizing parallel openings in walls.
d. Locating relevant pedestrian landmarks, cues and other points of interest without making physical contact.
e. Increasing travel confidence, efficiency and/or walking pace.
f. Promoting straight-line travel.

3. The Veteran demonstrates a stable lifestyle and is not undergoing a major life transition that affects GD training. If there is indication of temporary instability, this will not preclude the Veteran's referral; however, the Orientation and Mobility (O&M) Specialist reserves the right to inform the Visual Impairment Service Team (VIST) Coordinator and the GD school of such events.
4. The Veteran demonstrates a desire for a GD in order to more independently and efficiently travel to meaningful destinations (as defined by Veteran and healthcare team).

B. Specific Contraindications for a Guide Dog (GD)

1. The Veteran does not demonstrate the pre-requisite orientation and mobility primary skills necessary to properly utilize a GD. If feasible, the patient will be offered orientation and mobility training in order to gain primary skills.
2. The Veteran does not currently use a long cane as the primary means by which he or she relates to the environment (cane is used primarily for identification purposes, does not serve a functional purpose).
3. The Veteran does not possess the requisite physical abilities, i.e., Veteran's balance, gait and/or walking pace are significantly below functional limits and/or the Veteran has experienced recurring episodes of falling. The Veteran may be referred to Physical Medicine and Rehabilitation for further assessment and intervention.
4. The Veteran has expressed unrealistic expectations for how a GD will meet his or her mobility related and non-mobility related needs. The Veteran will be counseled on both realistic and unrealistic expectations of owning and working with a GD.

C. Specific Indications for a Hearing Dog (HD)

1. The Veteran has hearing loss that severely limits his or her ability to hear or alert to environmental sounds or warnings such as doorbells, smoke alarms, telephones, baby crying, alarm clocks, intruders, traffic hazards, sirens, or other noises. NOTE: The term "severely" does not mean that the Veteran must have an audiometrically severe hearing loss. Rather, the Veteran is severely affected by his or her hearing impairment as evidenced by limitations in his or her ability to hear or alert to environmental sounds.
2. In general, the clinical indications for a HD are the same as those for electronic alerting devices. This CPR recognizes that some Veterans may not obtain benefit

from the use of electronic amplification devices (hearing aids, cochlear implants, assistive listening devices, or alerting devices). Veterans may, for example, have hearing loss so severe that such devices are inadequate, or provide only partial benefit. Furthermore, a Veteran may want and/or need an alternative to electronic devices at night when s/he is not wearing an amplification device.

3. The audiologist assessment supports the determination that a HD is the most efficient and effective means of utilizing the Veteran's residual hearing to accomplish the stated rehabilitative goal(s) either in place of, or in concert with the use of other electronic devices.

D. Specific Contraindications for a Hearing Dog

If the Veteran has not used hearing aids, assistive listening devices, or alerting devices, the efficacy of these devices should be determined prior to supporting the acquisition of a HD. It is important to note that the use of amplification devices (e.g., hearing aids, cochlear devices) alerting devices, or assistive listening devices does not preclude acquiring and utilizing a service dog.

E. Specific Indications for a Mobility Dog (MD)

1. The Veteran has received a comprehensive, individualized assessment and evaluation that identifies specific functional limitation(s).
2. The Veteran has a clearly demonstrated residual functional limitation that has not been adequately resolved by assistive devices or rehabilitative therapies and treatment but which may be mitigated by introduction of a trained mobility service dog.

F. Specific Contraindications for a Mobility Dog (MD)

1. The Veteran does not demonstrate a functional mobility limitation for which assistance is indicated.
2. The Veteran's mobility limitations are adequately addressed with maximized therapies and/or prior provided assistive devices.
3. The Veteran's impairments are significant to the extent that a MD cannot improve functional independence and will not address the Veterans identified needs. In this case, the expectations of performance for the dog would likely prove impractical and unsafe for the dog and the Veteran.

G. Specific Indications for Seizure Response Dog (SRD)

1. Seizure Identification: The Veteran has to have epileptic seizures, confirmed by an electroencephalogram (EEG) or magneto encephalogram (MEG) to be epileptic seizures. (See Contraindications section for information regarding non-epileptic or epileptiform pseudoseizures).
2. Seizure frequency: The Veteran should have a demonstrated history of seizure frequency of at least one seizure per week for the past six months. The reason for this recommendation is that if a Veteran does not have seizures occurring at least once a week, the SRD will not be exposed to the Veteran's seizures with sufficient frequency to be able to consistently and reliably recognize and respond appropriately when the Veteran is having a seizure.

3. Seizure pattern: There are several different patterns for seizures. SRDs are most useful for Veterans who have generalized motor or psychomotor seizure patterns that are associated with loss or alteration of consciousness.

H. Specific Contraindications for Seizure Response Dog

1. Seizure-like behaviors that are demonstrated by EEG or MEG not to be associated with abnormal (usually called epileptiform) electrical activity are referred to as non-epileptic seizures or pseudo-seizures. Veterans who only have non-epileptic seizures are not appropriate candidates for SRDs.
2. SRDs are not indicated for focal motor or sensory seizures that do not have a period of post-ictal confusion, altered consciousness or paresis.
3. SRDs are not appropriate for Veterans who have generalized motor seizures associated with violent limb flailing (ballismus-like movements) because such movements are likely to injure the dog.

VI. PROCESS FOR ISSUANCE

When a Veteran and his/her provider, (with subject matter expertise in the clinical area of need being addressed), have discussed the possibility of a service dog as part of the overall rehabilitation and restoration plan of care and reached the decision that a GD/SD would be beneficial, the Veteran can apply for a dog through one or more of many accredited service dog organizations. A provider with the subject matter expertise in the clinical area of need being addressed by the Veteran will recommend the Veteran for evaluation by the accredited service dog organization selected by the Veteran and will work with that Veteran to integrate the service dog into the Veteran's rehabilitation and restorative care.

The VA will provide the Veteran with information regarding accredited service dog organizations and locations where the Veteran may find additional information (internet, etc). Staff from the accredited service dog organization selected by the Veteran will assess the Veteran and determine whether the Veteran is a viable candidate for obtaining one of their dogs. .

A. Guide Dogs

Processing a referral for a GD will include the following:

1. Education by an O&M Specialist with the Veteran and family about all relevant aspects of the topic of GDs and provision of a copy of relevant Guide Dog application intake (to be completed by a VA O&M Specialist or a fee-based O&M Specialist).
2. Completion of a functional O&M assessment to review Veteran's O&M competencies; if not competent, provide O&M training and re-evaluate (to be completed by a VA O&M specialist or a fee-based O&M specialist).
3. Determination of whether the Veteran should be recommended for GD training. If not, address problems and issues and develop a remediation plan if applicable and desired by the Veteran. Consultation with Physical Medicine and Rehabilitation, Care Management and Social Work Service, Mental Health Service, and/or other

professionals may be important to understanding, and if possible, removing barriers to success in obtaining a GD.

4. When appropriate, provision of information about accredited GD schools.
5. Notification to the Veteran's VIST Coordinator.

B. Hearing Dogs (HD)
Processing a referral for a HD will include the following:

1. The referring provider, with an established interdisciplinary team, will participate in the evaluation of the Veteran's needs and the appropriateness of support for referral to an animal organization for the purpose of obtaining a HD.

a. In addition to an audiologist, clinical professionals commonly involved in the assessment, evaluation and referral of a hearing disabled Veteran for the purpose of obtaining a HD include, but are not limited to: physicians, speech-language pathologists, social workers, occupational therapists, neuropsychologists, and optometrists and other relevant members of the health care team.

2. The referring provider and the interdisciplinary team will assess and determine the activity limitations; participation restrictions, and contextual and environmental factors associated with the Veteran's hearing impairment.
3. The Veteran must complete an evaluation that includes, but is not limited to, a comprehensive hearing evaluation; observations of auditory performance; rehabilitative status evaluation (needs assessment); an assessment of benefit from hearing aids, cochlear implants, assistive listening devices, or alerting devices; consultations with the Veteran or others knowledgeable of the Veteran's communicative performance and living situation; questionnaires; and scales (e.g., handicap scales, benefit scales, etc.).
4. The referring provider and the team will determine if the Veteran's needs are congruent with the services provided by a trained HD, and weigh these services in the context of other available electronic and mechanical tools, instruments and equipment.
5. The referring provider and the interdisciplinary team will determine recommendation or non-recommendation to an accredited HD organization for evaluation.

a. If decision is to recommend referral for HD evaluation, provide Veteran with reference materials for selecting an accredited service dog organization, and assist as needed with the application processing.

b. If decision is not to recommend for HD evaluation address reasons for non-referral and address problems and issues that contributed to the decision. Develop a remediation plan, if applicable or desired by the Veteran.

C. Mobility Dogs (MD):
Processing a referral for a MD will include the following:

1. The referring provider, with an established interdisciplinary team, will participate in the evaluation of the Veteran's needs and the appropriateness of support for referral to a certified dog organization for the purpose of obtaining a MD.

a. Members of the team will be drawn from a variety of medical and rehabilitation disciplines and have demonstrated competence in assessing Veterans for functional limitations, participation restrictions, contextual and environmental factors associated with mobility impairment.
b. Clinical professionals involved in the evaluation and prescription of MDs include, but are not limited to: physiatrists, physical therapists, and occupational therapists.
c. Clinicians are expected to recognize situations in which mentoring, consultation, collaboration, and/or referral to other professionals are necessary to prescribe a MD. In most cases, inter-disciplinary collaboration is required to deliver effective and high-quality services to Veterans who may benefit from MDs.
d. Members of the team must demonstrate competence in the prescription of available assistive devices and technologies to address functional limitations.
e. At least one member of the team must be familiar with the general indications and contraindications for a service dog and with the specific indications and contraindications of a MD.

2. The Veteran must complete an evaluation to determine if available assistive technologies will adequately mitigate the identified functional limitation(s). If potentially effective assistive technologies are identified, the Veteran has completed a trial of the recommended assistive devices targeted at optimizing mobility, environmental management and self care.
3. The referring provider and the interdisciplinary team will determine recommendation or non-recommendation to an accredited service dog organization.

a. If the decision is to recommend referral for MD evaluation, provide Veteran with reference materials for selecting an accredited dog organization, and assist as needed with the application processing.
b. If the decision is not to recommend for MD evaluation address reasons for non-referral and address problems and issues that contributed to the decision. Develop a remediation plan, if applicable or desired by the Veteran.

D. Seizure Response Dogs (SRD):
Processing a referral for a SRD will include the following:

1. The request for a SRD should be initiated by a clinician who has treated the Veteran and who is knowledgeable about the Veteran's seizure disorder. This clinician needs to be able to confirm that the Veteran has seizures associated with an abnormal brain wave pattern consistent with an epileptic seizure disorder. The clinician also needs to be able to confirm that the Veteran has a seizure frequency of at least one seizure per week for at least six month duration (current).
2. The ordering clinician needs to be accomplished in treating individuals with epilepsy and able to determine that obtaining a SRD would be an appropriate intervention for the Veteran. A clinician with expert knowledge of epilepsy is usually a neurologist. The clinician may wish to contact the Veterans Health Administration (VHA) Epilepsy Centers of Excellence care network. There are 15 sites in VHA Epilepsy Centers of Excellence care network. The web site for the Epilepsy Centers is: www.epilepsy.va.gov/index.asp.

VII. CPR RE-CERTIFICATION

CPRs will be reviewed for re-certification every 3 years or as emerging clinical findings and technology advancements indicate need. The re-certification process is an informal/internal process that may not require PSAS to re-publish if no changes are required. If no changes are required, a statement of review will be placed in the file and signed by the Office Manager in PSAS. If changes are required, the prior publication will be rescinded.

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Appendix A: Glossary of Service Dog Terminology

Alerting devices cover a wide range of equipment that can help those with hearing impairment be more aware of sounds in their surroundings. For the purposes of this (CPR), an alerting device is defined as a device used to help a person with hearing impairment to detect warning or other environmental sounds necessary for safety and to perform activities of daily living, including alarm systems, alarm clocks, doorbell alarms, and telephone signalers. These alerting devices may use a visual signal (a flashing light); auditory signals (an increase in amplification; or vibrotactile signals (a vibrating accessory). Auditory signals are sometimes used in conjunction with either visual or vibrotactile signals. These devices may use hardwired or wireless technology. They also may be used solely or in conjunction with one another.

Assistive Technology refers to assistive listening devices (ALD) and alerting devices. Assistive listening devices are electronic devices other than a hearing aid or cochlear implant that are used to assist a person by amplifying sounds, including personal amplifiers, FM amplifiers, telephone amplifiers, and television amplifiers.

Dog Organizations are independently and privately managed outside of the VA. These organizations obtain dogs through rescue efforts or through breeding programs. The organizations professionally train the guide and service dogs to complete specific tasks as a service for a human handler. The organizations independently determine eligibility of applicants and often retain ownership of the dog when the service dog is placed into a home. Dog organizations monitor the use and care of the dog throughout its placement.

FM systems are devices that are used to amplify sounds, particularly the presence of background noise. These devices are especially helpful for Veterans who are exposed to a wide variety of listening environments (e.g., classrooms, meetings, houses of worship, etc.) in which hearing aids or cochlear implants alone are less effective. These devices can be used with and without hearing aids or cochlear implants and can be either hardwired or wireless technology.

Handler is the person who owns or is assigned the guide or service dog by the accredited Guide Dog or Service Dog School/Organization.

Personal amplifiers are devices designed to provide amplification for most listening situations and are issued when hearing aids or cochlear implants are deemed inappropriate for the patient. The devices are often used while Veterans are in the hospital for those that have difficulty inserting or managing hearing aids, or for those medically ineligible for cochlear implants. These devices can be either hardwired or wireless technology.

Orientation & Mobility (O&M) Specialist is a person who is formally educated to evaluate and instruct visually impaired individuals in using their residual senses combined with adaptive devices to remain spatially oriented and in traveling safely and efficiently in a

variety of community environments. O&M specialists have training in determining the appropriate mobility options for each student, including human guide, long cane, guide dog, ETA, functional vision, and AMD (Orientation and Mobility Specialist Certification Handbook, 2010).

Seizure Response Dog versus Seizure alert dog: A seizure alert dog is the rare response dog (about 1 in 5) who may acquire, over time, the ability to recognize very subtle indications that the specific person that they support is about to have a seizure and may be able to alert that person that a seizure may be beginning. The ability of a seizure response dog to also function as a seizure alert dog is variable and not predictable and cannot be accomplished through training.

Visual Impairment Service Team Coordinator (VIST Coordinator) is a VA service member who ensures that blind Veterans are identified, evaluated, and provided individualized social, medical, and vocational rehabilitation services to maximize adjustment and management of their vision loss.