

## **ARIZONA DEPARTMENT OF ECONOMIC SECURITY**

**Program Name:** Vocational Rehabilitation (VR)

**Policy Number:** VR-9.1-v1

**Effective Date:** July 1, 2008

**Last Revision:** March 31, 2021

**CHAPTER 9:** Treatments

**Section 9.1:** Treatments: General

### **I. Policy Statement**

This policy outlines the guidelines regarding the provision of treatment services for the client with a documented disability and may need these services to obtain and achieve successful employment outcome as listed on their most recent and approved Individualized Plan for Employment (IPE).

### **II. Authority**

Authority for policies contained in this document includes the following:

- Workforce Innovation and Opportunity Act (WIOA), 29 U.S.C. § 3101 et seq.
- Title IV Amendments to the Rehabilitation Act of 1973, 29 U.S.C. § 701 et seq.
- State Vocational Rehabilitation Services Program, 34 C.F. R. §§:
  - Applicable definitions 361.5 (c)(39) and (45)
  - Scope of vocational rehabilitation services for individuals with disabilities 361.48 (b)(5)
  - Comparable services and benefits 361.53 (a) and (c-e)
  - Participation of individuals in cost of services based on financial need 361.54 (b)(1-2)
- A.R.S. §§ 23-502 and 503
- Arizona Administrative Code, Title 6, Chapter 4:
  - General considerations, R6-4-201 (A)(1)(c)
  - Provision of VR services R-6-4-206 (B)
  - Service and provider standards, service authorizations, equipment purchasing, Workers' Compensation R6-4-402 (A)(1)(a), (c-h) and (k); (2); (B)(1)(b) and (c)(i-ii) and (d-e) and (2)(b-c)
  - Economic need and similar benefits R6-4-403 (A)(1)(a)(i) and (2-5); (B)(1) and (2)(a)(i) and (c-e) and (3).

### **III. Applicability**

This applies to circumstances when a treatment service recommended by qualified provider or personnel is determined necessary in order to achieve a successful employment outcome. The client must:

- A. Meet economic need,
- B. Explore and utilize comparable benefits,
- C. Have a disabling condition that is stable or slowly progressive,
- D. Need treatment services that is expected to substantially modify, correct, or improve a physical or mental impairment that is a substantial impediment to the agreed upon IPE specific employment outcome within a reasonable length of time,
- E. Lack financial support that is not readily available from another source, such as health insurance,
- F. Have the potential of improvement due to rehabilitation intervention, and
- G. Be actively involved in selecting the type and nature of restorative services and in selecting service providers.

#### **IV. Standards**

- A. Prior to proceeding to treatment service(s), the VR Counselor must ensure the assessment requirements are completed, refer to section 8.1 Assessments-General for more information.
- B. Economic need is a requirement for the provision treatment service(s).
- C. The VR Counselor must ensure comparable benefits are explored and utilized prior to VR for paying for treatment service(s).
- D. VR does not provide medical care or emergency medical or psychological services.
- E. VR may pay for treatment costs of medical complications and emergencies associated with treatment services when the success of the IPE is directly jeopardized and when comparable benefits are not available.
- F. Treatment services can only be provided when it is included in the IPE and when the VR Counselor and client/client representative agree on a set of clearly stated objectives.
- G. The VR Counselor must ensure the assessment and preceding recommendation is reviewed by VR contracted consultant as applicable.
- H. When a treatment service is only available from a non-contracted service provider, a policy exception must be pursued as per Section 7.5 of this manual.

- I. The scope, duration and frequency of treatment in medical specialty areas such as cardiology, dentistry, neurology, ophthalmology, ENT, respiratory therapy, chiropractic, podiatry, massage, and manual therapy, etc., must be prescribed by a qualified physician licensed in their field of specialty according to the laws of the residing state as part of the rehabilitation plan and the client must have the potential for improvement due to rehabilitation intervention.
- J. All approved medical treatments of various specialties must be performed in an office, clinic, hospital, home, nursing facility by a licensed Doctor of Medicine or Osteopathy.
- K. The qualified physician as part of the rehabilitation plan must identify laboratory, radiology services, lab work, anesthesia, medication, supplies, etc. with the treatment services itself.
- L. The following treatment of impairments may be utilized in order to correct or modify substantially a physical or mental impairment that constitutes a substantial impediment to employment within a reasonable period of time:
  - 1. Corrective surgery or therapeutic treatment,
  - 2. Diagnosis and treatment for mental and emotional disorders,
  - 3. Vision treatments,
  - 4. Nursing services, or necessary hospitalization (either inpatient or outpatient care) in connection with surgery treatment,
  - 5. Prosthetic, orthotic, podiatry,
  - 6. Or other assistive devices, including hearing aids,
  - 7. Physical, occupational, speech or hearing therapy,
  - 8. Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental health treatment services or that are inherent in the condition under treatment,
  - 9. Special services for the treatment of clients with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies, and
  - 10. Other medical or medically related rehabilitation services.
- M. The scope, duration, and frequency of each medically related therapeutic modality must be prescribed by the client's examining physician as part of the rehabilitation plan.
- N. Treatment services must be authorized only in three (3) month increments at one time.

- O. Any extension of services must be reviewed by an agency consultant prior to approval.
- P. Extensions will only be granted in instances where there is documented progress towards the stated treatment goals as outlined in the IPE.
- Q. VR Counselor must document the following factors and provide justification when including surgery as an IPE service:
  - 1. Prognosis and doctor's written recommendation.
  - 2. Vocational and medical necessity.
  - 3. Analysis of how the surgery will correct, stabilize, or reduce the progression of the disabling condition, if appropriate.
  - 4. Client's willingness to adhere to lifestyle changes, as appropriate, before and after surgery.
  - 5. Client's prior efforts to resolve the issue using alternatives to surgery, if such alternatives area available and medically feasible.
  - 6. Availability and application of comparable benefits (unless the client requires the service immediately because of extreme medical risk).
  - 7. Analysis of how/why the surgery is required to reduce or minimize an impediment to employment and the impact of this service on the client's ability to achieve employment.
  - 8. Analysis of whether there are feasible alternatives.
- R. In instances when treatment services paid by VR results in either acute or chronic medical complication, emergencies, or arise out of the provision of treatment services, VR will pay for allowable charges, if appropriate.
- S. VR allowable charges may include room charges, supplies used, and lab or x-ray services.

**V. Procedure**

- A. Refer to Standard Work, if available.
- B. Refer to the RSA Allowable Services Spreadsheet, contracts (if available) and provider requirements. For non-contracted service, refer to RSA Contracts Unit for guidance whether the service is to be procured via:
  - 1. Arizona Health Care Cost Containment (AHCCCS) Fee for Services, or
  - 2. Other procurement methods, or
  - 3. Direct payment to the client via CPA.

- C. The VR Counselor must complete the agency Referral for Services form for treatment service.
- D. The VR Counselor must task the Purchasing Technician to create RSA Purchase Authorization(s) for the service(s) listed in the Referral for Services form.
- E. The Purchasing Technician must submit the RSA Purchase Authorization for each service listed in the Referral for Services form along with the referral information to the provider(s).
- F. Upon receipt of the provider's report, the VR Counselor must review the report for completeness, approve the provider's invoice and process for payment after confirming that the reporting documentation is complete.
- E. In instances when the client is referred to a hospital for x-rays but is not actually admitted as an inpatient or outpatient, the x-rays will be paid by CPT codes and at the rates allowed for those codes.
- F. In instances when payment is requested from physicians for a hospital call or surgery services, they will be paid by CPT codes and at the rates allowed for those codes.

## **VI. Documentation Requirements**

The client's electronic case file must include the following:

- A. Referral for Service form(s)
- B. Results from assessments recommending treatment service
- C. All treatment services included in the IPE Justification Narrative
- D. Case notes and documentation related to the client's treatment,
- E. Provider progress reports