

# ARIZONA DEPARTMENT OF ECONOMIC SECURITY

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

**Policy Number:** VR-9.1-v3

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**CHAPTER 9:** Treatments

**Section 9.1:** Treatments: General

## I. Policy Statement

This policy provides guidelines for the provision of treatment services for a client with a documented disability, who requires these services to obtain and achieve a 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 CFR §§:
  - 361.5 (c)(39) and (45), Applicable definitions,
  - 361.48 (b)(5), Scope of vocational rehabilitation services for individuals with disabilities,
  - 361.53 (a) and (c-e), Comparable services and benefits, and
  - 361.54 (b)(1-2), Participation of individuals in cost of services based on financial need.
- Arizona Revised Statutes:
  - § 23-502, and
  - § 23-503.
- Arizona Administrative Code, Title 6, Chapter 4:
  - R6-4-201 (A)(1)(c), General considerations,
  - R-6-4-206 (B), Provision of VR services,
  - R6-4-402 (A)(1)(a), (c-h), and (k); (A)(2); (B)(1)(b), (c)(i-ii), (d-e); and (B)(2)(b-c), Service and provider standards, service authorizations, equipment purchasing, Workers' Compensation.
  - R6-4-403 (A)(1)(a)(i) and (A)(2-5); (B)(1); (B)(2)(a)(i) and (c-e); and (B)(3), Economic need and similar benefits.

### **III. Applicability**

This policy applies to circumstances when a treatment service recommended by a qualified provider or personnel is necessary to achieve a successful employment outcome.

### **IV. Standards**

- A. To receive treatment service(s), the client must:
  - 1. Have a disabling condition that is stable or slowly progressive,
  - 2. Need treatment services that are 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,
  - 3. Have the potential for improvement due to rehabilitation intervention, and
  - 4. Be actively involved in selecting the type and nature of restorative services and in selecting service providers.
- B. Before proceeding with treatment service(s), the VR Counselor must ensure the assessment requirements are completed. Refer to Section 8.1: Assessments: General for more information.
- C. Economic need is a requirement for the provision of treatment service(s).
- D. The VR Counselor must ensure comparable benefits are explored and utilized before VR authorizes treatment service(s).
- E. VR does not provide medical care, emergency medical, or psychological services.
- F. VR may pay for treatment costs of medical complications and emergencies associated with authorized treatment services when the success of the IPE is directly jeopardized and when comparable benefits are not available.
- G. Treatment services can only be provided when they are included in the IPE and when the VR Counselor, the client, and the client's legal guardian (if applicable) agree on a set of clearly stated objectives.
- H. The VR Counselor must ensure the assessment and preceding recommendation are reviewed by a VR contracted consultant, as applicable.
- I. 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.
- J. The scope, duration, and frequency of treatment in medical specialty areas such as cardiology, dentistry, neurology, ophthalmology, ear, nose, and throat (ENT), respiratory therapy, chiropractic, podiatry, massage, 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.

- K. All approved medical treatments of various specialties must be performed in an office, clinic, hospital, home, or nursing facility by a licensed Doctor of Medicine or Osteopathy.
- L. The qualified physician, as part of the rehabilitation plan, must identify laboratory services, radiology services, anesthesia, medication, supplies, etc. with the treatment services themselves.
- M. The following treatment of impairments may be utilized to correct or substantially modify 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. Dentistry,
  - 4. Vision treatments,
  - 5. Nursing services, or necessary hospitalization (either inpatient or outpatient care) in connection with surgery treatment,
  - 6. Prosthetic, orthotic, or podiatry services,
  - 7. Other assistive devices, including hearing aids,
  - 8. Physical, occupational, speech, or hearing therapy,
  - 9. 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,
  - 10. Special services for the treatment of clients with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies, and
  - 11. Other medical or medically related rehabilitation services.
- N. The scope, duration, and frequency of each medically related therapeutic method must be prescribed by the client's examining physician as part of the rehabilitation plan.
- O. Treatment services must be authorized for no more than three (3) months at one time.
- P. Any extension of services must be reviewed by an agency consultant before approval.

- Q. Extensions will be granted only in instances when there is documented progress toward the stated treatment goal(s) outlined in the IPE.
- R. The VR Counselor must document the following factors and provide justification when including surgery as an IPE service:
  - 1. Prognosis and physician'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. The client's willingness to adhere to lifestyle changes, as appropriate, before and after surgery,
  - 5. The client's prior efforts to resolve the issue using alternatives to surgery, if such alternatives were available and medically feasible,
  - 6. The 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, and
  - 8. Analysis of feasible alternatives.
- S. If appropriate, VR will pay for allowable charges in instances when treatment services paid for by VR result in acute or chronic medical complications, or for emergencies that arise from the provision of treatment services.
- T. 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 Document, contracts (if available), and provider requirements. For non-contracted service, refer to the RSA Contracts Unit for guidance on whether the service is to be procured via:
  - 1. Arizona Health Care Cost Containment (AHCCCS) Fee for Services,
  - 2. Other procurement methods, or
  - 3. Direct payment to the client via a Client Purchase Agreement (CPA).
- C. The VR Counselor must complete the agency Referral for Services form for treatment service.

- D. The VR Counselor must task the Purchasing Specialist to create RSA Purchase Authorization(s) for the service(s) listed in the Referral for Services form.
- E. The Purchasing Specialist 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/providers' report, the VR Counselor must review the report for completeness, approve the provider's/providers' invoice(s), 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 admitted as an inpatient or outpatient, the X-rays will be paid using Current Procedural Terminology (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 using CPT codes and at the rates allowed for those codes.

## **VI. Documentation Requirements**

- A. The client's electronic case file must include the following:
  - 1. Referral for Service form(s),
  - 2. Results from assessments recommending treatment services,
  - 3. All treatment services included in the IPE Justification Narrative,
  - 4. Case notes and documentation related to the client's treatment, and
  - 5. Provider progress reports.