

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Program Name: Vocational Rehabilitation

Policy Number: VR-9.6-v3

Effective Date: July 1, 2008

Last Revision: September 30, 2021

CHAPTER 9: Treatments

Section 9.6: Treatments: Dental

I. Policy Statement

This policy provides the guidelines regarding the provision of dental treatments for a client who may need this service in order to obtain and achieve successful employment outcome as listed on their more 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 (b)(39)(iii)
 - Scope of vocational rehabilitation services for individuals with disabilities 361.48 (b)(5)
 - Comparable services and benefits 361.53 (a-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 services R6-4-206 (B)
 - Service and provider standards, service authorizations equipment purchasing, Workers' Compensation R6-4-402 (A)(1)(a) and (B)(1)(b)
 - Economic need and similar benefits R6-4-403 (A)(1)(a)(i) (2-5); (B)(1) and (2)(a)(i), (c-e) and (3)

III. Applicability

This policy applies to circumstances when a dental treatment is requested due to severe dental conditions that prevent employment. To receive dental treatment in order to obtain employment, the client must:

- A. Meet economic need,
- B. Explore and utilize comparable benefits,
- C. Participate in assessments and IPE development process,
- D. Must have a dental condition(s) that prevents employment due to severe cosmetic reasons (i.e., missing tooth and/or visible decay) or chronic infection, and
- E. Complete the authorized service as referred by the VR Counselor.

IV. Standards

- A. Prior to proceeding with any dental treatment service, the VR Counselor must ensure the assessment requirements are completed, refer to section 8.3 Assessments-Medical Dental for more information.
- B. An assessment is warranted when there is a clear existence of serious maxillo-facial problems and/or diseases of the gums and teeth that may cause or aggravate problems of speech, personal appearance, personal adjustment, or other specific employment-related health problems.
- C. The VR Counselor must ensure the preceding recommendation was reviewed by a VR contracted consultant, as applicable.
- D. Economic need is a requirement for the provision of dental treatment.
- E. The VR Counselor must ensure comparable benefits are explored and utilized prior to authorizing dental treatment.
- F. Dental treatment is only permitted as prescribed by a qualified dentist or oral surgeon licensed in their field of specialty according to the laws of the residing state, as referred in Chapter 9, Section 9.1 Treatment Services.
- G. All dental treatment referrals must be licensed providers who follow all federal, state, and local licensing requirements for business operations and profession and are in good standing with all applicable licensing and regulatory boards of agencies.
- H. Dental treatment is restricted to situations in which dental conditions prevent employment due to severe cosmetic reasons (i.e., missing teeth and/or visible decay) or chronic infection.
- I. Oral surgery may be approved when it is medically necessary.

- J. VR will not authorize the following under any circumstance:
 - 1. Gold inlays,
 - 2. Fixed bridges, except in unusual circumstances, and only for anterior teeth,
 - 3. Dental conditions such as caries, gum abscesses, or multiple extractions,
 - 4. Partial dentures, unless they replace one or more anterior teeth and/or at least four posterior teeth on one side of the arch and one on the other side of the arch, or
 - 5. Restoration of natural teeth or implants, posterior to the second bicuspid, including fillings, crowns and endodontics.
- K. Results from all dental assessments must be forwarded to a VR contracted dental consultant to:
 - 1. Determine rates proposed by the referring dentist are acceptable, and to identify procedures which are outside of the scope of VR policy.
- L. Supervisory approval over \$1,000.00 is required prior to moving forward with any dental treatment.

V. Procedure

- A. Refer to IV. A, C, H and K above.
- B. Refer to Standard Work, if available.
- C. Refer to RSA Allowable Services Spreadsheet, Dental Services Service Specifications (MSP contract), and Section 16.1 Provider Requirements.
- D. For the provision of dental treatment under Dental Services, the VR Counselor must complete the "MSP New Client Referral Form" (located on the MSP AZVRS State Portal via the Links tab in Libera) to submit the referral to Managed Service Provider for service provider selection.
- E. Upon confirmation of service provider selection for Dental Services, the agency Referral for Services form may be completed with additional pertinent information relating to the client and service provision to be provided directly to the service provider.
- F. The VR Counselor must task the Purchasing Technician to create RSA Purchase Authorizations for the service listed in V. D.
- G. The Purchasing Technician must submit the RSA Purchase Authorization for the service listed in V. D along with the referral information to the provider(s).
- H. Upon receipt of the provider's reporting documentation, the VR Counselor must review the reporting documentation for completeness, approve the provider's

invoice and process for payment after confirming that the reporting documentation is complete.

VI. Documentation Requirements

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

- A. Referral for services form,
- B. Results of the dental assessment,
- C. Estimation of cost of dental treatment,
- D. Service is included in the current and approved IPE and IPE Justification Narrative. and
- E. Consultation report.
- F. Dental Services Treatment Report.