

Chapter 302: Health Services

Vermont Division of Vocational Rehabilitation
Policy and Procedures Manual

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Section I. Definitions

- A. **"Health services"** means physical and mental restoration services to improve function including:
1. Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or substantially modify a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment;
 2. Diagnosis of and treatment for mental or emotional disorders by qualified personnel in accordance with Vermont's licensure laws;
 3. Dentistry;
 4. Nursing services;
 5. Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment;
 6. Drugs and supplies;
 7. Prosthetic, orthotic, or other assistive devices, including hearing aids;
 8. Eyeglasses and visual services, including visual training, and the examination and services necessary for the prescription and provision of eyeglasses, contact lenses, microscopic lenses, telescopic lenses, and other special visual aids prescribed by personnel that are qualified in accordance with Vermont's licensure laws;
 9. Podiatry;
 10. Physical therapy;
 11. Occupational therapy;
 12. Speech or hearing therapy;
 13. Mental health services;
 14. Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services, or that are inherent in the condition under treatment;
 15. Special services for the treatment of persons with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and
 16. Other medical or medically related rehabilitation services.

Section II. General Policy

- A. Health services may be provided to correct or substantially modify, within a reasonable time, a physical or mental condition which is stable or slowly progressive (based on findings from physical or psychological examinations) and which results in a substantial impediment directly affecting a person's ability to reach the employment outcome identified in the IPE. Health services are provided only when the individual's specific rehabilitation needs must be addressed in order to meet the IPE goal. Comparable services and benefits shall be used as available.

- B. Because of the Affordable Care Act and the relative robustness of the Vermont Medicaid program, comparable benefits available through public and private insurance are almost always available. These comparable benefits should be used first before use for HireAbility funds.
- C. Providers of health services shall be qualified in accordance with any applicable national or State approved or recognized certification, licensing, or registration requirements or, in the absence of these requirements, comparable requirements (including State Personnel requirements) that apply to the discipline in which that category of personnel is providing health services.

Section III. Choice of Provider

- A. The person in need of the service may choose the health services provider unless:
 - 1. The provider's fee substantially exceeds that of others in the field;

Guidance – Provider's fee

If the individual chooses a provider whose fee substantially exceeds fees of others, the Division may provide the lesser amount and the individual or another source will provide the difference.

End Guidance.

- 2. The provider refuses to accept payment from the Division or from a comparable service or benefit; or
- 3. Travel and related costs to the Division to get to/from the provider of choice substantially exceed the costs to get to/from a closer provider (unless another source bears those costs).

Section IV. Spending Guidelines

- A. Spending Guidelines: When determining the rate of payment for any specific health service the counselor will use the **State of Vermont Medicaid rates**. If the total cost of the health service will exceed \$3,000 the counselor must seek supervisory approval.
- B. Exceptions to the Guidelines: DVR may not place an absolute dollar limit on specific service categories or total services provided. However, HireAbility sets spending guidelines to ensure reasonable costs to the program. The VR counselor may make an exception to the spending guidelines with the VR regional manager's approval. Examples of exceptions might include:
 - 1. If local providers are unwilling to accept the Medicaid rate. For example, it might be very difficult to find a local dentist willing to accept the Medicaid rate.

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2. If the participant has a strong preference for a mental health counselor but the practice will not accept the Medicaid rate.

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C. When considering exceptions to the spending guidelines, the VR regional manager must consider the consumer's ability to contribute to their services. The consumer contribution must be:

1. Reasonable.
2. Based on financial need, and
3. Not so high as to effectively deny the consumer a necessary service.

D. DVR cannot require consumers who are SSI or SSDI beneficiaries to provide funding towards their services, including post-secondary education and training. DVR also cannot require SSI or SSDI beneficiaries to obtain student loans to fund their education or training programs. However, SSI/SSDI beneficiaries in most cases will have Medicaid or Medicare health insurance coverage, which is a comparable benefit.

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~~A. The Division, with input from the State Rehabilitation Council (SRC), shall establish and maintain spending guidelines and standards for exceptions to them for provision of health services. Exceptions to the spending guidelines may be made by the Division Director or designee. The spending guidelines and standards for exception shall be reviewed annually. The Division Director, with the input of the SRC, may adjust the guidelines accordingly.~~

Guidance — Spending guidelines.

Spending guidelines for the Division's share of the cost of specified health services are:

- ~~*—Surgery or therapeutic treatment:
 - ~~↻—Inpatient physician and hospital services should not exceed \$2,500 for each.~~
 - ~~↻—Outpatient services such as a back pain program, physical or occupational therapy, and ongoing physician services should not exceed \$1,000.~~~~
- ~~*—Psychotherapy, therapy (or counseling):
 - ~~↻—with a psychologist should not exceed \$90/session or \$900 total;~~
 - ~~↻—with a psychiatrist should not exceed \$120/session or \$1,200 total;~~~~

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~~✦ with a specialty counselor, such as a certified alcohol counselor, a mediator, or a person with a Masters in Social Work, should not exceed \$85/session or \$850 total.~~

~~The duration guideline is that such services should not exceed 10 sessions.~~

- ~~▪ Dentistry: DVR will provide up to \$2,500 for any dental work, including dentures, for the life of the case.~~
- ~~▪ Nursing services should not exceed \$35/hour for up to 20 hours.~~
- ~~▪ Hospitalization in connection with surgery or treatment and clinic services:
 - ~~✦ Inpatient hospital care should not exceed \$2,500.~~
 - ~~✦ Outpatient hospital care (including restoration such as physical or occupational therapy, back pain programs, and ongoing physician's services) should not exceed \$1,000.~~~~
- ~~▪ Drugs and supplies should not exceed \$1,000 for the life of the case.~~
- ~~▪ The Division's share for prosthetics, orthotics, wheelchairs, hearing aids, etc. should not exceed:
 - ~~✦ \$3,500 for prosthetic device.~~
 - ~~✦ \$1,500 for an orthotic device.~~
 - ~~✦ \$2,500 for a manually operated wheelchair; \$10,000 for a power wheelchair including extra options.~~
 - ~~✦ \$750 for a hearing aid (See Chapter 201, Sec. III)~~~~
- ~~▪ Eyeglasses, including examination, should not exceed \$400.~~
- ~~▪ Podiatry treatment should not exceed \$250.~~
- ~~▪ Physical therapy should not exceed 10 sessions or \$1,000.~~
- ~~▪ Speech or hearing therapy should not exceed \$1,500.~~
- ~~▪ Mental health services should not exceed 10 sessions or \$1,000.~~
- ~~▪ Treatment of acute or chronic complications associated with other health services or conditions should not exceed \$500.~~
- ~~▪ End stage renal disease, including transplantation, etc., should not exceed \$2,500.~~
- ~~▪ Other medically related rehabilitation services (e.g., services of a chiropractor) should not exceed \$90 a session or \$900.~~

End Guidance.

~~B. Standards for Exception: The Division Director or designee may grant exceptions to the spending and duration guidelines of this Chapter if:~~

- ~~1. Comparable services and benefits have been exhausted;~~
- ~~2. The person's resources have been used to the maximum extent possible given the person's anticipated income and outgo;~~
- ~~3. A monthly payment schedule for the unmet need would be unrealistic in view of costs related to the disability and projected earning capacity; and~~
- ~~4.1. The cost of making the exception remains reasonable — i.e., delivering the service by exception and enabling the person to continue or enter a vocation will be less costly to the public than not delivering it.~~