

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 Guideline

- A. Spending Guidelines: When determining the rate of payment for any specific health service the counselor will use the **Vermont Blue Cross Blue Shield Standard 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 rate. For example, it might be very difficult to find a local dentist willing to accept the Blue Cross Blue Shield rate.

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

End Guidance.

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