

PHYSICAL AND MENTAL RESTORATION SERVICES

A. Definition: When physical and mental restoration services are provided, the case file must contain documentation supporting the determination that the clinical status of the individuals with a disability is stable or slowly progressive. If the medical information does not contain this information, then a medical consultation should be requested.

“Physical and mental restoration services means-

1. Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially 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 State licensure laws;
3. Dentistry;
4. Nursing services;
5. Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment and clinic services;
6. Drugs and supplies;
7. Prosthetic and orthotic devices;
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 State licensure laws;
9. Podiatry;
10. Physical therapy;
11. Occupational therapy;
12. Speech and 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 individuals with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and
16. Other medical or medically related rehabilitation services.+
(34 CFR 361.5(b)(40))

B. Scope of Services: These services may be provided to clients eligible for VR services when they will contribute to the individual's ability to prepare, enter, and be successful in employment.

August, 2007



C. Agency Expectations:

1. Payment for physical or mental restoration services. A thorough search for all available comparable services and benefits must be made (see Exception #1). Special attention should be paid to insurance benefits the individual owns, eligibility for programs within the Department of Human Services, and state papers from the University of Iowa Hospitals and Clinics. The R-406 is completed for the purchase of any medical or dental services as well as hearing aids, van modifications, and prosthetics.
2. Native healing practitioners. Counselor may use and pay the cost of native healing practitioners who are recognized as such by an Indian tribe when services are being provided to a Native American with disabilities and when the native healing practitioner services are necessary to achieve the individual's vocational rehabilitation objective.
3. Chronic and acute conditions. Conditions may arise or be exacerbated during the course of a program of rehabilitation services, which if not taken care of might jeopardize the program. It may be necessary to provide services to treat these conditions, in order for the employment objective to be met. These services may be paid for from vocational rehabilitation funds after a thorough research of comparable services and benefits available to the client.
4. Medical consultation. Questions about a client's medical condition or limitations should first be addressed to the examining/reporting physician. If that individual is not available, the counselor may arrange for and pay to have a specialist in the community review and comment on the material. If no local source is available contact the Assistant Bureau Chief assigned to the region.

D. Exceptions: The following require an exception signed by the supervisor:

1. A search for comparable services and benefits is not required in cases where a qualified physician has indicated that the client requires the services immediately because the individual is at an extreme medical risk. %Extreme medical risk+means a risk of substantially increasing functional impairment or risk of death if medical services are not provided expeditiously. (However, the counselor should immediately begin a search for sources to pick up the costs, so that we can discontinue our payment once they are in place.)
2. Surgery . Corrective surgery or therapeutic treatment may be provided when necessary to correct or substantially modify a physical or mental impairment which is stable or slowly progressive and constitutes a substantial impediment to employment. The condition must be such that it is reasonable to expect that the condition will eliminate or substantially reduce the impediment to employment within a reasonable length of time.
 - a. Fees . Medicare and Medicaid fees are used as the maximum allowable as recognized by the appropriate CPT (Current Procedural

August, 2007



Terminology) code. Please identify lab costs and other fees related to the surgery/hospitalization.

b. Procedures . the review and approval process is as follows:

1. Physician recommends the surgery (Surgical Consult Report) including follow up recommendations for medical treatment as well as identifying other lab services and fees related to the surgery. (This might include paying for the pre-physical exam prior to surgery, but our payment would be consistent with Medicare/Medicaid rates)
2. Obtain information necessary to complete the authorization.
3. Request for Exception form is completed in which counselor details the procedure and how it will impact employability.
4. Information submitted to the local Supervisor.
5. Supervisor consults with the Assistant Bureau Chief for hospitalizations in excess of 5 days.
6. Hospitalizations cannot be authorized for a client who is eligible for Medicaid, unless the length of stay established is greater than the length of stay established by Medicaid. The difference may be authorized at the Medicaid per diem rate and must be approved by the Supervisor.
7. Professional charges, implantable prosthetic devices and similar products billed through the hospital must be identified and authorized separately at the actual cost of the hospital plus 10% for handling or the Medicare/Medicaid rate.

c. Maximum Projected Cost . the total amount for surgery or surgeries and related treatment services and fees for the life of the case is \$10,000.

3. Payment for surgical procedures recommended by doctors require an approval of the supervisor. The following must be answered to make a decision:

- a. Medical necessity, prognosis, and doctor's written recommendation
- b. Analysis of feasible alternatives, client's prior efforts to resolve the issue
- c. Client's willingness to adhere to lifestyle changes before and after surgery
- d. Analysis of how the surgery will correct, stabilize or reduce the progression of the disabling condition
- e. Analysis of how/why the surgery is required to reduce or minimize an impediment to employment and the impact it will have on the client's ability to achieve employment
- f. Availability and application of comparable benefits, (unless the client requires the service immediately because of extreme medical risk.)
- g. Appropriate CPT service codes and corresponding Medicare rates or arrange payment for the actual hospital costs and associated fees only.

August, 2007



PERSONAL ASSISTANCE SERVICES

- A. Definition:** Personal assistance services means a range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual's control in life and ability to perform daily activities on or off the job. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services. The services may include training in managing, supervising, and directing personal assistance services.+ (34 CFR 361.5(b)(39))
- B. Scope of Services:** It is a limited tool for vocational rehabilitation use during eligibility or as a part of an IPE when the circumstances of providing vocational rehabilitation services cause the client to require personal assistance services.
- C. Agency Expectations:**
1. Money available from the Department of Human Services and other programs for these services will be used before VR funds are provided.
 2. No financial needs test will be applied.
 3. The Personal Assistant should look to the client for direction and pay.
 4. Authorizations will be made to the client after receipt of a bill or invoice is received.
 5. Fees will be consistent with current pay scales in the community.
- D. Exceptions:** The following require an exception signed by the supervisor.
1. Paying the Personal Assistant directly.
 2. Paying a family member to be a client's Personal Assistant.

August, 2007

