

## Chapter 14

### Physical & Mental Restoration

#### 14.1 Authority: 34 CFR 361.48(e)

#### 14.2 Policy

USOR policy is that restoration issues will be addressed in each IPE appropriate to the needs of the individual. The VR Counselor will work with the client to maximize the use of comparable benefits such as health insurance, Medicaid/Medicare, Primary Care Network (PCN), or other funding sources available to the client to cover the costs of restoration services. To the extent that financial support is not readily available from a source other than USOR the VR Counselor will consult with the appropriate USOR fee schedule to provide restoration services in the IPE. Physical and mental restoration services are those necessary to correct or substantially modify the physical or mental impairment for which the individual was found eligible and/or impairments that impact the eligible individual's ability to become employed. USOR policy prohibits expenditure of funds including hospital, surgical or other direct medical cost associated with organ transplant (other than A and Q below), implant, or any procedure or treatment that is of an experimental nature.

#### 14.3 Physical & Mental Restoration Definitions

Physical & Mental restoration services means:

- A. Corrective surgery including cornea transplants or therapeutic treatment necessary to correct or substantially modify a physical or mental condition which is stable or slowly progressive and constitutes a substantial impediment to employment, but is of such a nature that such correction or modification may reasonably be expected to eliminate or reduce such impediment to employment within a reasonable length of time.
- B. Necessary hospitalization (either inpatient or outpatient) in connection with surgery or treatment and clinical services.
- C. Prosthetic, orthotic or other assistive devices including hearing aids, essential to obtaining or retaining employment.
- D. 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 aid, prescribed by qualified personnel under state licensure laws selected by the individual.
- E. Diagnosis and treatment for mental or emotional disorders by qualified personnel under state licensure laws.
- F. Dentistry.
- G. Nursing services.
- H. Convalescent or Nursing home care.
- I. Drugs and supplies.
- J. Podiatry.
- K. Physical therapy.
- L. Occupational therapy.
- M. Speech or hearing therapy.

- N. Therapeutic recreation services.
- O. Medical or medically related social work services.
- P. Treatment of either acute or chronic medical complications and emergencies which are associated with or arise out of the provision of physical and mental restoration services; or which are inherent in the condition under treatment;
- Q. Special services for the treatment of individual suffering from end stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and
- R. Other medical or medically related rehabilitation services including art therapy, dance therapy, music therapy, and psychodrama.

#### **14.4 Restrictions & Exclusions**

All physical and mental restoration services are subject to the determination of financial need and the availability of comparable services and benefits under any other program. Examples include but are not limited to:

Major medical insurance, Medicare, Medicaid, Railroad Insurance, Worker's Compensation, Veteran's Administration, Primary Care Network (PCN), Disabled Children's Services, Social Services, or other agency, organization or program.

**Exception:** The requirement of determining the availability of comparable services or benefits does not apply if said determination would delay the provisions of vocational rehabilitation services to any client who is at extreme medical risk or immediate pain.

#### **14.5 Provider Licensure & Fee Schedule**

Physical and mental restoration services shall be provided only by vendors licensed in accordance with State licensing laws and by appropriate certified professionals. The services they provide to USOR clients shall be in accordance with those services for which they are licensed or certified. USOR utilizes the Division of Occupational & Professional Licensing website to verify licenses and scope of practice allowed under state law to determine utilization of a vendor. Restoration services shall be authorized in accordance with established fee schedules and levels of approval for each particular service or group of services. Consult Chapter 12 for USOR approved fees on routine restorations services. Consult the USOR Medical & Dental Fee Schedule for more complex procedures.

#### **14.6 Criteria for Provision of Physical or Mental Restoration Services**

- A. The client must have been determined eligible for VR services or participating in trial work exploration.
- B. The physical or mental disability should be stable or slowly progressive. This disability will constitute an impediment to employment and VR services may be expected to benefit the individual in terms of an employment outcome. If under trial work, establish eligibility or gather clear and convincing evidence that the individual cannot benefit from VR services in terms of an employment outcome.
- C. Restoration services will be expected to eliminate, reduce or contain the impact of the impairment within a reasonable period of time or, in selected cases, maintain or improve functional capabilities as they relate to achieving an employment outcome.

**NOTE:** Many factors affect a "reasonable period of time". It is not practical to set specific limits for "reasonable". Periodic evaluation of progress must be made and professional VR Counselor judgment used to make further decisions. Medical or other consultants may be utilized to help determine how often these evaluations of progress should be made. Serving clients with these issues requires special study as to the prognosis. Please keep in mind that rehabilitation efforts must extend beyond any deterioration in the progression of the disabling condition.

- D. Physical or mental restoration services must be included in the IPE.
  - i. The IPE should clearly state the objectives and the services to be provided. This should include costs and anticipated duration of services.
- E. The IPE should clearly state the objectives and services to be provided. This should include costs, funding sources, and anticipated duration of services.

#### **14.7 Informed Choice & Restoration Service Providers**

The VR Counselor will work with to client to ensure that the eligible individual is provided informed choice of attending physician, psychologist or other health professional to the maximum extent possible. This should include informed choice of practitioners and facilities from among those meeting the Agency's licensing or certification standards and accepts the agency's fee schedule. In complicated or unusual cases, second opinions in both diagnosis and treatment can be obtained by the VR Counselor. Arrangements should be made so that client and VR Counselor are not put in a position of arbitrarily choosing medical treatment.

#### **14.8 Physical Restoration Checklist (USOR-52)**

VR Counselors will complete the physical restoration checklist and review it with their direct supervisor on all cases involving surgical procedures. (See USOR-52 Appendix 14 A)

#### **14.9 Physical Restoration Provided During Trial Work Experience**

Physical restoration services may be provided to clients in extended evaluation to aid in determining eligibility. Services are provided under the same limitations and authority levels with the exception that trial work cases are not required to meet the criteria of stable or not more than a slowly progressive condition. It is the goal of trial work to determine if the individual can benefit from VR services in terms of an employment outcome; or gather clear and convincing evidence that the individual cannot.

#### **14.10 Restoration Services Guidance**

- A. **Surgery:** If surgery is indicated, VR Counselors will obtain the following information:
  1. Name of Hospital where surgery will be performed (inpatient or outpatient).
  2. Approximate number of days in the hospital.
  3. Name of anesthesiologist or the anesthesiology group as soon as it becomes available.
  4. Approximate hours of anesthesia.
  5. Assistant surgeon services (Additional physician to aid in surgery, consultant fee).

6. Relative value code of surgery.
  7. Surgical procedure cost in relation to USOR conversion factors for surgery on medical fee schedule.
  8. Complete physical restoration checklist - USOR 52.
  9. Obtain any necessary approvals per Chapter 12.
  10. Authorize service.
- B. **Prosthetic Appliances:** A prosthetic device is any appliance designed to support or take the place of a part of the body or to increase the acuity of a sense organ. Included are artificial limbs, braces, hearing aids, glasses, artificial-eyes, surgical appliances such as corsets, trusses, elastic stockings, arch supports, crutches, wheelchairs, and custom assistive devices. Repairs and alterations may also be provided. Prosthetic devices essential to obtaining or retaining employment may be provided under medical prescription or that of other appropriate professional practitioners. (See Chapter 12)
- C. **Diagnosis & Treatment:** of mental or emotional disorders by qualified personnel in accordance with state licensure laws.
1. **Psychiatric:** Psychiatric services must be carefully monitored by the VR Counselor. Because of costs involved, services are usually authorized for periods not to exceed, six months. VR Counselors should work closely with the clinician to ensure that there is full understanding that VR is a short term funding source and that appropriate progress is being made.
  2. **Psychological:** Psychological counseling is essentially psychotherapeutic interviewing, individual and group. Approved fees are specified in the USOR fee schedule and are provided by qualified providers licensed by the State of Utah. (See Chapter 12) VR Counselors must:
    - a. Check licensure list for qualified providers from the Division of Occupational and Professional Licensing. (<http://www.dopl.utah.gov/>)
    - b. If a provider is not on the list, ask for their license number. Forward the license number and the name to the Field Service Director for verification. If the individual is not licensed to practice in Utah, we cannot authorize to them for services.
  3. **Psychiatric/Mental Health Nurse:** Approval has been established for the purchase of psychotherapy from professional practitioners holding certification as a "Specialist in Psychiatric/Mental Health Nursing".
  4. **Licensed Certified Social Workers (LCSW), Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapists (LMFT)** Verify licensure (see 2b above). Authorize according to Fee Schedule.
- D. **Dental Restoration:** The VR Counselor may determine that dental restoration is appropriate if the condition of the teeth and gums contributes to, or is a result of a physical or mental impairment which, for the individual, constitutes a significant impediment to employment. The VR Counselor determines that the condition is stable and remediable within a reasonable period of time, and the client meets financial need criteria. Dental restoration is appropriate when it will enable the client to achieve the employment outcome listed in the IPE. It is not within the scope of USOR to undertake a program of general dental care. However, it does assume the responsibility for correcting dental difficulties which are impediments to employment, and those closely associated with other impairments that have resulted, or are likely to result in an impediment to employment. Dental services must

be included incorporated in the IPE before they can be authorized. For routine dental procedures, follow the fee schedule in Chapter 12. Dental restoration cases requiring extensive crown and bridge work, root canal procedures, expensive capping and other out-of-the-ordinary procedures will be referred to the DRRS Dental Consultant through the District Director or Field Service Director. Unusual cases i.e. TMJ, oral surgery, implants, etc, forward client record through the Field Service Director.

**Inter-Current Dental Problems:**

During the rehabilitation process, a client may contact the VR Counselor because of dental problems. Preventative and standard dental work or filling of teeth is not the responsibility of USOR unless such restoration is essential in achieving an employment outcome. In the event that a client has an acute dental problem which prevents the continuation of a rehabilitation program, the VR Counselor may authorize dental care.

**Exceptions:** In the event that an eligible individual's dental health is of such a nature as to be causing pain, suffering, and other health problems that threaten progress towards an employment outcome, the VR Counselor may justify providing immediate emergency dental care to stabilize the condition and relieve pain.

- E. **Nursing Services:** Nursing services may be provided on recommendation of treating physicians when required by acute or critical conditions. Visiting nurse services may be utilized when needed. Public Health Nurses are also available in most communities.
- F. **Convalescent, Nursing or Rest Home Care:** Convalescent, nursing or rest home care may be provided in licensed facilities on recommendation of treatment physicians when necessary for the completion of the rehabilitation plan. In planning with clients for physical restoration services, the VR Counselor will be alert to situations which may make it difficult for the client to recover at home. In addition, convalescent, nursing or rest home care may be more economical than continued hospitalization.
- G. **Physical Therapy:** Physical therapy is done by licensed physical therapists working under medical direction and supervision.
- H. **Occupational Therapy:** Provided by licensed occupational therapists working under medical direction.
- I. **Speech Therapy:** Provided by licensed speech therapist working under medical direction.
- J. **Hearing Therapy:** Provided by qualified therapist working under medical direction.

USOR-52  
(Rev. 1/99)

UTAH STATE OFFICE OF REHABILITATION  
PHYSICAL RESTORATION CHECKLIST

Appendix 14-A

Client's Name \_\_\_\_\_ Date \_\_\_\_\_

All applicable checklist items must be answered in the affirmative before a physical restoration procedure can be provided.

- |   | <b>YES</b> |
|---|------------|
| 1. Has Certificate of Eligibility been prepared?  | _____      |
| 2. Is case recording complete and up-to-date?   | _____      |
| 3. Are medical reports complete:<br>General?  | _____      |
| Specialist?   | _____      |
| 4. Does Medical Consultant Report include this procedure?   | _____      |
| 5. Is the clinical status of client's condition stable or<br>not more than slowly progressive?  | _____      |
| 6. Can physical restoration services be expected to eliminate<br>or substantially reduce the disabling condition within<br>a reasonable period of time?   | _____      |
| 7. Is anesthetist or anesthesiologist needed?   | _____      |
| 8. Is Financial Need Determination up-to-date?  | _____      |
| 9. Does the client qualify for paid services?   | _____      |
| 10. Have all available comparable services and benefits been<br>addressed?  | _____      |
| 11. Is IPE complete, including costs, amendments, and<br>necessary approval(s)?   | _____      |
| 12. Has Physical Restoration Release Form been signed in surgical<br>and extensive medical treatment cases?   | _____      |
| 13. Is Form USOR-34 (Blood Replacement Letter) necessary in this case?<br>If so, is it prepared for release to doctor, hospital, and client?<br>(Not to be released until case is fully approved and cleared) | _____      |
| 14. Are authorizations prepared and complete?   | _____      |
| 15. Have you arranged for post-operative or treatment progress<br>reports from the doctor?  | _____      |

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Supervisor