# Vocational Rehabilitation Services Manual C-700: Medical Services and Equipment

Revised June 1, 2022

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### C-703-18: Intercurrent Illness

When a short-term illness or condition hinders VR services, the VR counselor provides acute medical care as necessary. This supplemental service is limited to such acute conditions as:

* infections or abscesses;
* pneumonia;
* appendicitis;
* ectopic (tubal) pregnancy;
* simple fractures; or
* minor injuries.

These conditions usually are short-term and do not alter the existing IPE. They may be documented as supplemental services with a service justification case note unless the case is in employment phase in RHW. If the case is in employment phase in RHW an IPE amendment is required.

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### C-705-3: Assessing and Planning for Services

Once eligibility is determined, the VR counselor reviews records and/or orders any other additional assessments necessary to plan for services. In addition to the usual services that are reasonable and necessary to meet a customer's rehabilitation needs, services for a customer with acquired brain injury may also include:

* cognitive rehabilitation (using the Maximum Affordable Payment Schedule (MAPS))—see [C-703-26: Rehabilitative Therapies](https://twc.texas.gov/vr-services-manual/vrsm-c-700#c703-26) for information;
* contracted ESBI non-residential services; or
* contracted ESBI residential services.

See [VRSM B-400: Completing the Comprehensive Assessment](https://twc.texas.gov/vr-services-manual/vrsm-b-400) for more information.

While developing the comprehensive assessment in collaboration with the customer to determine the nature and scope of ESBI services that are necessary, initial assessments are obtained from the ESBI residential or nonresidential provider, as authorized by the VR counselor and coordinated by the ESBI designated case manager.

It should be noted that residential ESBI services will only be authorized when:

* access to coordinated nonresidential or outpatient services are not available for a customer who lives in a remote area—that is:
  + local outpatient rehabilitation providers are not available within the customer's community; or
  + attempts to recruit and contract with local providers have not been successful; or
* there are documented therapeutic reasons that the customer cannot progress without certain interventions only available in a residential setting.

The customer must have a confirmed and documented place to live after discharge. Documentation in the case file must confirm that:

* the customer can learn and transfer skills back into a local community employment setting; or
* the interdisciplinary team (IDT) has a plan in place for transferring strategies to the customer's local employment environment upon discharge.

If residential evaluation services are indicated by existing evaluations and assessments, the VR counselor coordinates with the designated medical services coordinator (MSC) and a contracted ESBI residential provider of the customer's choice to schedule admission for planning and evaluation.

Otherwise, the VR counselor works with a contracted ESBI nonresidential provider to refer the customer for the Initial Assessment and Evaluation Plan (IAEP). The IAEP includes a review of existing recent occupational therapy, physical therapy, speech therapy, and/or cognitive evaluations in relation to any existing work experience evaluations, vocational evaluations, and/or environmental work assessments. Assessments that are necessary are conducted as part of the evaluation plan authorized by the VR counselor with input from the ESBI IDT. The IDT's IAEP includes short- and long-term goals, treatment recommendations, and an expected time frame for necessary therapeutic services.

To assist the VR counselor with decisions regarding the customer's progress toward a successful outcome, the evaluations and recommendations of the IDT must be reviewed by the specialized medical consultant before the Interdisciplinary Program Plan (IPP) and the Individualized Plan for Employment (IPE) are completed.

When sending a customer for an IDT IAEP, a courtesy case file is sent to the MSC, along with a completed [VR3420, Employment Supports for Brain Injury (ESBI)](https://twc.texas.gov/forms/index.html) referral to coordinate purchasing for the case and include use of any comparable benefits.

For more information, refer to 706-3: Coordination of Services Through the Designated Medical Services Coordinator. VR policy requires best value purchasing and documentation that all comparable benefits have been explored before writing the IPE. Coordination with the MSC must include the investigation and application of available benefits for the customer. For more information, see [D-200: Purchasing Goods and Services](https://twc.texas.gov/vr-services-manual/vrsm-d-200).

Any use of pharmaceutical drugs (chemical restraint) to control inappropriate behavior must be stabilized before an individual may receive ESBI services. The IDT must meet and have a plan for a customer's behavioral issues as part of the IPP and consider whether the customer is able to benefit from other services being provided. If the IDT determines that the customer is not likely to benefit from other services, the customer is discharged until stabilization is achieved. The physician and the IDT must monitor chemical restraint programs closely for desired responses and adverse consequences.

If services from a residential ESBI provider are required, a maximum of four months can be added to the IPE, but only if the documented criteria are met and intermediary goals are set for measurable and observable progress toward the employment goal. Customers who do not demonstrate progress toward intermediary goals may be discharged, and alternative interventions may be considered to meet customer goals. Additional residential services beyond four months must have VR Supervisor approval in 30-day increments. Managerial oversight must not cause breaks in service for customers who demonstrate progress toward goal achievement. Decisions made by the VR counselor and the VR Supervisor, when necessary, are made in a timely fashion in accordance with the IPP.

The following items must be included in the IPE for ESBI services:

* Employment goal
* Short- and long-term (intermediate) employment goals
* Comparable benefits
* Types of therapeutic interventions
* Frequency and length of treatment
* Specific employment providers
* Specific ESBI provider
* Ancillary services (as necessary)
* Customer responsibilities

The IPE must be reviewed and amended when significant changes are identified in the IPP or when additional services are approved. For more information on developing the IPE, see [B-500: Individualized Plan for Employment](https://twc.texas.gov/vr-services-manual/vrsm-b-500) and Post-Employment.

**Required Attendance and Documentation**

When customers participate in ESBI services, the VR counselor is a critical part of the IDT. The VR counselor advocates for the customer. As an advocate, the VR counselor is empowered to ask questions and ensure the customer is receiving the agreed-upon services. Extensive interaction with the IDT, the customer, and his or her support system is necessary to ensure that the customer is progressing in an effective and efficient way toward the customer's ultimate employment goals.

The VR counselor must ensure that the customer is benefiting from treatment. If the customer is participating in ESBI services, the VR counselor is a member of the IDT and must follow the customer's progress through treatment-related team meetings. It is essential that the VR counselor evaluate the customer's progress through regular contact with the IDT, the customer, and the customer's support system, and by reviewing the documentation submitted on a weekly basis.

When a rehabilitation treatment does not lead to progress toward the work-based goals identified in the IPP, the VR counselor must work with other members of the IDT to consider appropriate modifications to the plan. When the VR counselor identifies that the customer is not making progress and no other intervention is available to modify the condition in a reasonable time, the VR counselor may discontinue sponsorship of the treatment and consider other approaches to employment or referral to independent living services to maximize the customer's abilities in the home and community.

The VR counselor must:

* attend monthly IDT meetings;
* document in ReHabWorks (RHW):
  + progress toward rehabilitation goals;
  + progress toward employment goals; and
  + any VR counselor–approved modifications to the IPP; and
* obtain a copy of the monthly IDT meeting report and file it in the customer's paper case file.

See [VR-SFP 21.5.4 Individual Program Plan Service Definition](https://twc.texas.gov/standards-manual/vr-sfp-chapter-21#s21-5-4).

### C-705-4: Coordination of Employment Supports for Brain Injury

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#### Purchasing Employment Supports for Brain Injury Services

Residential ESBI services may be provided for 120 days and then in 30-day increments with VR manager approval based on progress toward IPP and IPE goals. Nonresidential services are provided in an outpatient setting with total therapeutic hours not to exceed 20 hours per week over a 12-week period unless approved by the VR counselor specifically on the IPE and IPP. If additional services are needed after 12 weeks, service justification must be documented in the case file or IPE amendment if the case is in employment phase in RHW, along with VR Supervisor approval for extensions in up to 30-day increments.

For more information about ESBI services, see [VR-SFP Chapter 21: Employment Supports for Brain Injury (ESBI)](https://twc.texas.gov/standards-manual/vr-sfp-chapter-21). ESBI service providers must adhere to all requirements set forth in the chapter.

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