# VRSM C-700: Medical Services and Equipment

June 3, 2019

## C-703: Policies for Services, Procedures, and Programs with Special Requirements

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### C-703-34: Diabetes Self-Management Services

#### Considerations in Vocational Rehabilitation

When writing a plan for someone with diabetes, the VR counselor should consider several factors. First, it is important to maintain medical control of the diabetes through healthy eating, exercise, weight management, and use of medications. Therefore, these factors are key pieces of the rehabilitation plan.

A customer might need a flexible work schedule with frequent breaks to accommodate snacks and meals as well as insulin injections that are necessary to maintain proper blood sugar levels. Frequent breaks also may be needed to accommodate common functional limitations, such as low stamina. When discussing job options, the VR counselor and customer should consider the impact of jobs with irregular hours, long hours of work without breaks, and irregular physical exertion. Also, when discussing possible jobs, the VR counselor and customer should remember that the long-term complications of diabetes might not be visible for many years. A good rehabilitation plan takes these factors into consideration.

When the customer is deciding on an employment goal, the VR counselor should ask him or her to answer the following questions:

* Am I able to do the job with my current functional limitations?
* How will potential problems such as loss of vision, amputation, and kidney dysfunction affect my ability to perform on the job?
* Are there ways to accommodate these problems to allow me to do my job?
* Are there other jobs with the same employer that could be accommodated for my limitations?
* Will this job give me transferable skills that I need to find a closely related job that will accommodate my limitations?
* Does my employer know about long-term complications related to diabetes?
* Am I prepared for future complications? (Being prepared for future complications and how they might affect employment will help customers to select appropriate vocational goals as well as prepare them to develop confidence, competence, and independence.)

Customers with diabetes may have functional limitations in the areas of:

* physical stamina and endurance;
* standing and walking;
* motor coordination;
* manual and finger dexterity; and
* concentration.

#### Treatment and Management Options

The goal of treatment is to keep blood glucose near normal levels. Treatment may include following a healthy eating plan, exercising, testing blood glucose levels and other health metrics, and having daily insulin injections.

#### Complications of Diabetes

Diabetes can have several complications, including:

* blindness;
* heart disease;
* high blood pressure and stroke;
* kidney disease;
* nervous system disease;
* hearing loss;
* mental illness including depression and diabetes distress;
* amputations; and
* dental disease.

#### Adaptive Diabetes Equipment and Supplies

To maintain consistency and to ensure that the VR counselor has a thorough working knowledge of adaptive diabetes equipment, the VR counselor must obtain a written recommendation before purchasing adaptive equipment. The recommendation also must include who is to provide training on the equipment.

The diabetes educator, a physician, or the VR diabetes program specialist can provide the recommendation. The equipment may include talking blood glucose monitors and supplies, blood pressure monitors, weight scales, and other diabetes equipment that can be tied to the customer’s individualized plan for employment or independent living plan.

#### Training on Blood Glucose Meter and Insulin Drawing Devices

The customer can receive training on equipment from:

* a qualified diabetes educator listed in RHW; or
* the VR diabetes program specialist.

#### Services Provided by Diabetes Educators

Diabetes educators have appropriate licensing as health professionals. Professional licensing includes certified diabetes educator, registered nurse, or dietician, preferably with specialization and certification in diabetes education. Diabetes educators are certified by the diabetes program specialist.

The diabetes program is designed for individuals with severe disabilities who need one-on-one training primarily. Occasionally, group training may be arranged when appropriate and when it will benefit the customers of a region.

VR counselors must follow the guidance below.

1. The VR counselor assesses whether community diabetes education programs, including free or low-cost programs, are available. Alternatively, the VR counselor uses the comparable benefits to arrange diabetes self-management education training through recognized or accredited diabetes programs in local hospitals or health centers. Customers whose disability does not impact their ability to participate in traditional group training receive diabetes services at this level.
2. If the customer's disability is severe and the customer could benefit from specialized diabetes education with an understanding of self-management adaptive techniques, equipment, tools or teaching skills, then referral to a contracted diabetes education provider through the diabetes program is recommended. (Severe disabilities include blindness, cognitive issues, or any disability that might make participation in group diabetes education difficult.)
3. If the customer has participated in community diabetes education and is still struggling to manage the diabetes, referral to a contracted diabetes education provider is recommended. For example, when the customer has participated in community diabetes education, but he or she continues to have issues, then one-on-one education by a contracted provider may be needed to identify reasons for the mismanagement. The VR counselor might consider whether the customer's struggle is with diabetes knowledge and skills, or if it could be caused by depression, anger, or other issue for which a licensed professional counselor should be contracted.

Diabetes educators may provide services in evaluation and training:

* on tools and techniques for managing diabetes;
* on insulin-drawing devices and blood glucose monitors; and
* for education needs (for example, meal planning and injection techniques).

Diabetes educators also provide the following services:

* Education on diabetes health maintenance
* Training on diabetes education services

Information about resources that are available in the customer's area and how to access those services

See the [VR Standards for Providers Chapter 7: Diabetes Self-Management Education Services](https://twc.texas.gov/standards-manual/vr-sfp-chapter-07) for contract requirements for diabetes educators.

### C-703-35: Bilateral Total Knee Replacement (Simultaneous)

Knee replacement surgery may be considered when conservative treatment has failed to resolve an impediment to employment created by pain or loss of function in the knee. Simultaneous bilateral total knee replacement requires the review of the LMC and the approval of the state medical director.

## C-704: Durable Medical Equipment

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### C-704-11: Cochlear Implant and Bone Anchored Hearing Aid Processor Replacement

The VR counselor may authorize replacement of cochlear implant and bone anchored hearing aid (BAHA) processors when they are expected to improve the customer's ability to participate in employment and/or training that is required for a specific employment outcome identified on the IPE. As part of the assessing and planning process, the VR counselor documents the expected outcomes, such as the expectation of an improved ability to understand spoken communication or respond to environmental cues.

TWC must use comparable benefits when possible when planning services related to hearing aids, cochlear implants, and BAHA for customers ages 18 and younger. To this extent, TWC may pay for any deductible, co-payments, and/or coinsurance for the provision of these goods and services if the total cost (insurance paid amount plus VR funds paid toward cost) does not exceed allowable VR contract rates.

Replacement of processors may not be authorized solely for the sake of upgrading to newer technology.

VR is the payer of last resort.

[Comparable benefits (B-310-5)](https://twc.texas.gov/node/) and required [customer participation in cost of services (B-310-6)](https://twc.texas.gov/node/) must be applied before VR funds are expended.

Because VR uses tax revenue for case service expenditures, the division must purchase the least expensive services that meet the customer's vocational needs. For more information, see the requirements in [D-203-1: Best Value Purchasing](https://twc.texas.gov/node/).

With respect to VR's responsibility for payment, after the customer's primary and/or secondary benefit coverage has been applied and customer's ability to pay has been determined, VR may pay to the provider an amount equal to the customer's co-payment, coinsurance or deductible due. VR payment does not exceed the insurance allowed amount or the allowable VR rate or VR contract rate, whichever is less.

Careful consideration of the following must take place when assessing the need for such replacement:

* The customer's vocational goal, including tasks, functions, and work conditions, particularly where it relates to the customer's ability to hear and understand conversational speech and/or environmental sounds
* The potential impact on the customer's ability to obtain and maintain employment if replacement is not made
* The availability of assistive technology to enable the customer to gain full benefits in training or on the job
* The status of the customer's device, especially relating to:
  + warranty coverage;
  + physical condition; and
  + need for repair, if any.

The evaluation report completed by the audiologist and otologist must include:

* the diagnosis;
* recommendations for treatment, including a letter of medical necessity; and
* anticipated prognosis.

A courtesy packet is sent to the following for consultation before planning the purchase of any replacement processor:

* the VR program specialist for the deaf and hard of hearing (for all caseloads except Blind and Visual Impairment (BVI) caseloads); or
* the state office manager for blind services field support (for BVI caseloads).

The courtesy case packet includes the:

* medical, audiological, speech, and language evaluations and reports as specified above; and
* justification of how device replacement will lessen the vocational impediment.

After the VR program specialist for the deaf and hard of hearing or the state office manager for blind services field support reviews the courtesy packet, a case note documenting the consultation is entered in RHW.

Deputy regional director (DRD) approval is required for cochlear implant and bone-anchored hearing aid processor replacement.

The cost of the recommended replacement processor may exceed the threshold set in MAPS. When this occurs, medical director approval is required to override the pre-set rate in MAPS. To obtain medical director approval, the VR counselor sends an email to [VR Medical Services](mailto:vr.medicalservices@twc.state.tx.us) along with the:

* evaluation report from the audiologist;
* manufacturer's quote for processor replacement; and
* VR justification for the upgrade.

All medical services related to replacement of processors are performed by otologists and licensed audiologists.