Chapter 6:

Health Services

Vermont Division for the Blind and Visually Impaired

Policy and Procedures Manual

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# Definitions

# **Health services** means:

# 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;

1. Short-term attendant care may be provided for individuals recovering

# from eye surgery.

# Audiological services, including hearing aids and other audiological aids used to

# maximize sensory input to facilitate communication, compensate for visual loss, and

# promote safety;

# Diagnosis of and treatment for mental or emotional disorders by qualified personnel

# in accordance with State licensure laws;

# Dental services when critical for maintaining an appropriate diet (e.g., diabetes) or

# for cosmetic reasons if employment requires frequent contact with the public;

# Equipment, prescriptions, and medical counseling related to diabetes;

# Nursing services;

# Necessary hospitalization (either inpatient or outpatient care) in connection with

# surgery or treatment and clinic services;

# Prescription drugs and medical supplies;

# Prosthetic, orthotic, or other assistive devices;

# 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 such as magnifiers

# and bioptics, prescribed by personnel that are qualified in accordance with State

# licensure laws;

# Podiatry;

# Physical therapy; occupational therapies;

# Vision, speech or hearing therapies;

# 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;

# Special services for the treatment of individuals with end-stage renal disease,

# including transplantation, dialysis, artificial kidneys, and supplies; and

# Other medical or medically related rehabilitation services.

# Section II. General Guidance

1. 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 disability and a substantial impediment to employment. Although all services defined above are permissible, the preponderance of services provided by DBVI will be related to sustaining, maximizing or substantially delaying the progressive loss of visual functioning.
2. Audiological Aids
   1. DBVI supports audiology services and hearing aid purchases provided through a certified clinical audiologist.
   2. Hearing loss in the better ear must be 40 decibels or worse based on an average taken at 2000, 3000, 4000Hz or word recognition is poorer than 72 percent.
   3. Hearing aides shall be purchased in accordance with a contract held by the State that includes a 45-day trial period.
   4. Audiology services like evaluations, ear mold impressions and fitting fees not covered by other benefits shall be covered.
   5. A warranty may be purchased for up to three years.
   6. The individual shall be expected to provide his/her own subsequent hearing aids and batteries.
3. The choice of the provider shall lie with the individual except in the case that:
   1. The provider’s fee substantially exceeds others in the field; or
   2. The provider refuses to accept payment from DBVI or from a comparable benefit such as Medicare.
4. DBVI will only provide payment to licensed or registered practitioners for health related services, if state law requires licensure or registration of those practitioners who provide these services.

# Spending and Related Guidelines

1. **Insurance**
   1. For individuals without medical insurance, DBVI may pay 100% of the rate approved by Medicare for all services other than ophthalmologic and optometric services. For ophthalmologic and optometric services, DBVI may pay 80% of the Medicare approved rate.
   2. For individuals with medical insurance, DBVI will not pay co-payments, deductibles or balances for covered medical services.
2. **Diagnostic services**, DBVI may pay 100% of the usual and customary billing rate for diagnostic services required to determine eligibility for DBVI services.
3. **Hospitalization, corrective surgery or therapeutic treatment**:
   1. Inpatient physician and hospital services should not exceed $2,500 for each.
   2. Outpatient services such as a back-pain program, physical or occupational therapies, and ongoing physician services should not exceed $1,000.
   3. Inpatient hospital care for a person without health insurance should not exceed $2,500 except for ophthalmologic care which may be provided at up to 80% of the Medicare rate for the same service; or as otherwise negotiated by DBVI.
4. **Diagnosis and treatment for mental or emotional disorders** should not exceed:
   1. With a licensed psychologist, licensed clinical social worker, or other professionals with comparable credentials, $100/session up to $1,000 total;
   2. With a psychiatrist, $130/session or $1,300 total;
   3. Such services should be limited to 10 sessions initially, but additional sessions can be considered based on individual need.
5. **Dentistry**
   1. Dental work (i.e. fillings, extractions, etc.) should not exceed $750 for all.
   2. Dentures (full or partial) should not exceed $600 per plate or $1,200 for upper and lower plates.
   3. If a person needs dental work (up to $750) and both upper and lower plates (up to $600 each), up to $1,950 may be authorized.
6. **Nursing Services** should not exceed $35 per hour for up to 20 hours.
7. **Physical or occupational therapies** should not exceed $1,000.
8. **Physicians’ services** should not exceed 80% of the approved Medicare rate for the particular service for ophthalmologic treatment and 100% of the approved Medicare rate for other physician services.
9. **Prescription drugs and medical supplies** should not exceed $500 for the life of the case.
10. **DBVI’s share for hearing aids, prosthetics, orthotics, wheelchairs, etc.,** should not exceed:
    1. $850 per hearing aid, plus up to 3-year warranty, fitting fees, ear mold impressions and hearing evaluations are paid in full.
    2. $3,500 for a prosthetic device;
    3. $1,500 or an orthotic device;
    4. $1,500 for a manually operated wheelchair; $6,000 for a power wheelchair including extra options.
11. **Eyeglasses and low vision aids**:
    1. Examination for eyeglasses should not exceed $100.
    2. Lenses and contact lenses – full cost may be provided as prescribed.
    3. Frames – not more than $100 should be provided.
    4. Low vision examination should not be less than $150.
    5. Biopics – full cost as prescribed.
12. **Podiatry treatment** should not exceed $250.
13. **Vision, speech or hearing therapies** should not exceed $1,500.
14. **Treatment of acute or chronic complications** associated with other health services or conditions should not exceed $500.
15. **End state renal disease**, including transplantation, should not exceed $2,500.
16. **Other medically related rehabilitation services** should not exceed $90 per session or total of $900.
17. **Related notes:**
    1. DBVI may pay the usual and customary fee for services that do not have a Medicare approved rate unless there are alternative rates which have been negotiated with specific vendors, (i.e. hospitals). If a fee appears extraordinary, the counselor will discuss the fee with the Director or designee prior to payment. Any service provided out-of-state may be purchased at the rate payable by the comparable agency in that state i.e. Massachusetts Commission for the Blind.
    2. Experimental surgery or medications for medical diagnostic and evaluation services conducted principally for research shall not be provided.
    3. Any single or combination of health services should not exceed $10,000 unless and exception is granted by the Director or designee. Standards for exceptions to the spending and duration guidelines are:
       1. Comparable services and benefits have been exhausted;
       2. The individual’s resources have been used to the maximum extent possible given the individuals’ income and expenses;
       3. A monthly payment schedule for the unmet need would be unrealistic in view of costs related to the disability and projected earning capacity;
       4. The cost of making the exception remains reasonable (i.e. delivering the service and enabling the individual to retain or obtain an employment outcome will be cost effective in terms of projected public assistance needs.