

Chapter 6

HEALTH SERVICES

	Page
Section 1: Definitions	2
Section 2: General Guidance	2
Section 3: Spending and Related Guidelines	3 - 6

2014

SECTION 1: DEFINITIONS

Health 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;
 - a. Short-term attendant care may be provided for individuals recovering from eye surgery
2. Audiological services, including hearing aids and other audiological aids used to maximize sensory input to facilitate communication, compensate for visual loss, and promote safety;
3. Diagnosis of and treatment for mental or emotional disorders by qualified personnel in accordance with State licensure laws;
4. Dental services when critical for maintaining an appropriate diet (e.g., diabetes) or for cosmetic reasons if employment requires frequent contact with the public;
5. Equipment, prescriptions, and medical counseling related to diabetes;
6. Nursing services;
7. Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment and clinic services;
8. Prescription drugs and medical supplies;
9. Prosthetic, orthotic, or other assistive devices;
10. 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;
11. Podiatry;
12. Physical therapy; occupational therapy;
13. Speech or hearing therapy;
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.

SECTION 2: 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
 - a) Hearing aids shall be purchased in accordance with a contract held by the State.
 - b) Audiology services like evaluations, ear mold impressions and fitting fees not covered by other benefits shall be covered.
 - c) A warranty may be purchased for up to three years.
 - d) 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:
 - a) The provider's fee substantially exceeds others in the field; or
 - b) 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.

SECTION 3: SPENDING AND RELATED GUIDELINES

- 1) **Insurance**
 - a) **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.
 - b) **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**—
 - a) Inpatient physician and hospital services— should not exceed \$2,500 for each.
 - b) Outpatient services such as a back pain program, physical or occupational therapy, and ongoing physician services should not exceed \$1,000.
 - c) 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 & treatment for mental or emotional disorders** should not exceed:
 - a) With a licensed psychologist, licensed clinical social worker, or other professionals with comparable credentials, \$90/session or \$900 total;
 - b) With a psychiatrist, \$130/session or \$1300 total;
 - c) Such services should be limited to 10 sessions initially, but additional sessions can be considered based on individual need.
- 5) **Dentistry**
 - a) Dental work, i.e., extractions, fillings, etc.,—should not exceed \$750 for all.
 - b) Dentures (a set of false teeth whether full or partial) should not exceed \$600/plate or \$1,200 for both “uppers” and “lowers.”
 - c) If a person needs dental work (up to \$750) and both upper and lower partial plates (up to \$600 each), up to \$1,950 may be authorized.
- 6) **Nursing services**—should not exceed \$35/hour for up to 20 hours.
- 7) **Physical or occupational therapy** 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:

- a) \$850 for a hearing aid;
- b) \$3,500 for a prosthetic device;
- c) \$1,500 for an orthotic device;
- d) \$1,500 for a manually operated wheelchair; \$6,000 for a power wheelchair including extra options.

11) Eyeglasses, low vision aids, etc.

- a) Examination for eyeglasses should not exceed \$100.
- b) Lenses—full cost may be provided.
- c) Frames—not more than \$100 should be provided.
- d) Low vision examination should not exceed \$100.

12) **Podiatry treatment** should not exceed \$250.

13) **Speech or hearing therapy** should not exceed \$1500.

14) **Treatment of acute or chronic complications** associated with other health services or conditions should not exceed \$500.

15) **End stage renal disease**, including transplantation, etc., should not exceed \$2,500.

16) **Other** medically related rehabilitation services (e.g., services of a chiropractor) should not exceed \$90 per session or \$900.

17) Related notes:

- a) 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, e.g., 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, e.g., the Massachusetts Commission for the Blind.
- b) Experimental surgery or medications or medical diagnostic and evaluation services conducted principally for research shall not be provided.
- c) Any single or combination of health services should not exceed \$10,000 unless an exception is granted by the Director or designee. Standards for

exceptions to the spending and duration guidelines are:

- i)** Comparable services and benefits have been exhausted;
- ii)** The individual's resources have been used to the maximum extent possible given the individual's income and expenses;
- iii)** A monthly payment schedule for the unmet need would be unrealistic in view of costs related to the disability and projected earning capacity;
- iv)** 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.

The spending and related guidelines in this chapter will be reviewed by DBVI every three years with input of the State Rehabilitation Council.