

OVERVIEW

Definition

Physical restoration services are those medical and medically related services that are necessary to correct or substantially modify within a reasonable period of time a physical or mental condition.

Services

Physical restoration services include:

- Medical treatment
 - Psychiatric treatment
 - Surgical treatment
 - Dental treatment
 - Physical and occupational therapy
 - Medications
 - Prosthetic appliances
 - Treatment of medical complications and emergencies, either acute or chronic, which are associated with, or arise out of, the provision of physical restoration services or are inherent in the condition under treatment
 - Hospitalization (both inpatient and outpatient care) and clinic services
 - Physical rehabilitation in a rehabilitation facility
 - Convalescent care
 - Nursing services
 - Medically directed speech or hearing therapy
 - Other medical or medically related rehabilitation services
 - Low vision services
-

Statuses

Physical restoration services may be provided in statuses:

- 06
 - 10 through 24
 - 32
-
-

ELIGIBILITY

Substantial Impediment

DSB will assist consumers to receive physical restoration services who have:

- a substantial impediment to employment,
- a good potential for completing the planned program, and
- a need for vocational services.

“Substantial impediment to employment” for this purpose means those individuals who are severely disabled and who have no skills to perform work in line with their abilities. Generally, this will include persons who:

- are blind or severely visually impaired,
- have a severe physical or mental impairment which limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills), and
- are expected to require multiple vocational services over an extended period of time.

NOTE: Both Social Security Disability Insurance beneficiaries and Supplemental Security Income recipients are considered “severely disabled” for the purposes of providing physical restoration services.

Conditions for Eligibility

Individuals determined to be eligible for vocational rehabilitation services are those who have a condition which is not acute or transitory, or of so recent an origin that the resulting functional limitations, limitation of activities, and the extent to which such limitations affect occupational performance cannot be identified. In other words, the condition must be stable or slowly progressive and have a favorable prognosis that after services are completed the individual can remain in, or become engaged in, a wage earning situation.

ELIGIBILITY (Continued)

**Trial Work
Period**

Individuals who are in a trial work period may be furnished physical restoration services without the need for determining that the physical or mental condition is stable or slowly progressive.

NOTE: Physical restoration services may be expected to eliminate or substantially reduce the handicapping condition within a reasonable period of time.

SERVICES

Prior Approval

All surgery other than eye surgery must be prior approved by the Program Administrator.

Refusal of Services

Refusal of physical restoration does not in and of itself constitute the basis for denial of other services needed to complete the consumer's rehabilitation program. The counselor should, however, determine whether the consumer would be able to engage in competitive employment without the surgery.

Services Purchased in State

DSB will pay for all physical restoration services that are properly authorized. The rate of payment will be according to the vendor's stated fee up to, but not to exceed, the maximum amount determined by the DSB fee schedules. The fee paid to physicians for surgical treatment includes 15 days routine post-operative care. After 15 days the counselor may authorize up to three post-operative visits if it is decided they are needed.

Services Purchased Out of State

If DSB purchases physical restoration services out of state, the rate paid for such services may equal, but not exceed, that paid by the local Rehabilitation Service or other comparable public agency of that state. **NOTE:** Texarkana, Texas is considered in state.

DSB also will use physicians and facilities that are used by the Rehabilitation Service or other comparable public agency of that state. If information concerning fees is not available, the counselor will contact the nearest appropriate agency. If information regarding fees is not available there, the counselor will contact the nearest appropriate Vocational Rehabilitation Office to find the rate that the particular agency pays for the needed service.

SERVICES (Continued)

**Medical
Payments**

After the initial diagnostic medical examination and the eligibility certification, payments may be made to a physician (general practitioner or specialist), clinic, dispensary, or hospital for services rendered in the treatment of the consumer. The counselor can also pay for medications and medical supplies incidental to such treatment.

NOTE: Medications may only be purchased in conjunction with a surgical procedure or to treat a short-term illness to enable a consumer to return to work or training. Medications will not be purchased for long-term illnesses. A short-term illness for the purpose of this policy is one that is expected not to last over 60 days.

**Psychiatric
Treatment**

Payments may be made to specialist in neuropsychiatry or to a psychiatric clinic or hospital for psychiatric treatment after the initial psychiatric diagnostic examination. In the case of long term mental illness counselors should determine if this is the primary disability. If so, the case should be referred to the Arkansas Rehabilitation Services.

**Surgical
Treatment**

Payments may be made for preoperative care, surgical operations, and postoperative care. This is in addition to the 15 days of required postoperative care that is to be provided as a part of the surgical fee. Payments will be made according to the physician's quoted usual, customary, and prevailing fee, but not to exceed DSB's fee schedule.

SERVICES (Continued)

Anesthesia

Payments may be made to anesthetists and anesthesiologists not included in the hospital costs. Counselors will pay \$30.00 a point for anesthesia and \$30.00 per unit of time.

A unit of time can be up to 15 minutes. Therefore if a procedure required 16 minutes, the Counselor would pay for two units at \$30.00 per unit.

To determine the amount DSB will pay for a procedure, multiply the point value of the procedure times the \$30.00 cost per point. Then multiply the number of units times the \$30.00 cost per unit of time. Then add the two totals together.

For example, if the Counselor were to pay for 10 points and 9 units, the payment would be \$570.

- \$30 per point x 10 points = \$300
- \$30 per unit x 9 units = \$270
- \$300 for the points + \$270 for the units = \$570 payment)

NOTE: Points for each procedure can be found in the DSB fee schedule. Units of time can be found in the anesthesiologist's invoice.

Physical and Occupational Therapy

Payments for physical therapy services other than those furnished as a part of hospital or clinic treatment may include payments for such services as massage, heat treatment, water treatment, etc. Physical therapy may be done in the consumer's home, convalescent home, center, workshop or elsewhere.

Occupational therapy is an activity, mental or physical, prescribed by a physician for remedial value. It covers a wide range of tasks, such as weaving, woodworking, leatherwork, photography, metal work, and other crafts, when prescribed as treatment.

DSB will pay for physical or occupational therapy only:

- upon the recommendation of a medical specialist, and
 - when the treatment is given under the direction of a medical specialist.
-

SERVICES (Continued)

**Counselor's
Respon-
sibility**

The counselor has the responsibility for making such arrangements as are necessary for providing all physical restoration services. DSB will not pay for any procedure that has not been authorized prior to the consumer receiving the planned services. The counselor should plan and authorize all services prior to them being provided, and doctors and consumers should be made aware of this fact in advance.

**Surgical
Insurance**

Benefits from insurance policies that cover any planned surgical and medical services must be used. It is the counselor's responsibility to inform the doctor that DSB will pay only that part of the surgery not covered by the insurance policy.

Consultation

For diagnosis, upon the recommendation of the examining specialist, another specialist may be brought in on a consultative basis.

Hearing Aids

DSB will purchase hearing aids for consumers from licensed dealers or physicians skilled in diseases of the ear after a hearing evaluation by a physician and a hearing aid evaluation by an audiologist. The audiologist's hearing aid evaluation report must specify, in addition to the types of hearing aid, the specific brand name and model and when applicable, internal and /or external adjustment for a hearing aid being purchased by DSB. The hearing aid evaluation will be sent to the counselor with the prescription, including the model, brand, bidders to be used, and the price to the agency. Any deviation from this procedure must have the approval of the program administrator.

SERVICES

**Eyeglasses,
Contact
Lens,
Artificial
Eyes, Optical
Aids**

Eyeglasses, contact lenses, artificial eyes, and optical aids may be purchased only after a current eye examination (not more than three months old) by an ophthalmologist or optometrist upon receipt of a written report.

These items may only be purchased when they are determined to be a necessary part of completing a consumer's comprehensive rehabilitation program (IPE). The purchase of eyeglasses and contact lenses must be for their use as a functional prosthesis and not for cosmetic effect.

Artificial eyes and dark glasses may be provided for cosmetic purposes as part of a consumer's IPE.

On all prosthetic devices, whether for functional use or cosmetic reasons, only the least expensive or stock items will be purchased unless otherwise indicated by the report of an optometrist/ophthalmologist.

CONTINGENT PROGRAM

Contingent Program

If physical restoration services are to be provided at great distances from the consumer's home or beyond the counselor's territory, creating travel and communication difficulties, the services may be expedited by the use of a contingent program. The contingent program:

- requires the completion of every evaluation step and case procedure and
- the provision of service is contingent upon the doctor's agreement with the tentative diagnosis that is made and his recommendations. Planned services are to be rendered only if his findings agree with those on which the program has been based.

When a counselor desires to use a contingent program, he/she must complete the case record, write a program, either original or supplemental, and issue the necessary authorizations to the vendors of service.

Accompanying the authorization to the doctor must be an explanation of the contingent nature of the program. The counselor should provide exact copies of his/her medical reports to the doctor, so that he is made aware of the tentative diagnosis and the basis for the proposed services. He shall be informed that the planned services are to be rendered only if his findings agree with those on which the program has been based, namely, that in his opinion the proposed service will either remove or substantially reduce the disability.

The counselor must inform the doctor about arrangements for hospitalization or outpatient surgery. Also, the counselor may give the surgeon the authority to select the anesthetist; this can be done by written or verbal communication.
