# VR-SFP Chapter 3: Basic Standards

Revisions effective September 1, 2020

## 3.6 Customer Safeguards

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### 3.6.4 Service Delivery

Service delivery includes meetings and delivery of services prescribed in the VR-SFP Manual. All staff qualifications and requirements outlined in the services description, process and procedures, and outcomes for payment must be followed in the delivery of services for VR or ILS-OIB customers. Each chapter will indicate how the service can be conducted. When the service chapter allows for remote service delivery, requirements in 3.6.4.1 Remote Service Delivery must be followed.

When services need to be provided and guidelines cannot be followed in the service delivery as prescribed in the VR-SFP, the VR director must approve a [VR3472, Contracted Service Modification Request](https://twc.texas.gov/forms/index.html) before the service is provided.

When the Centers for Disease Control and Prevention (CDC), federal, state, and/or local governments issue health and safety protocols, such as social distancing, providers must provide services to VR or ILS-OIB customers following these guidelines.

For in person services, when social distancing protocols are in place, a VR3472 must be approved justifying the need for the service and how the customer’s and provider staff health and safety will be maintained.

For more information refer to 3.6.4.2 Evaluation of Service Delivery.

#### 3.6.4.1 Remote Service Delivery

Telerehabilitation is the delivery of rehabilitation services over telecommunication networks and the internet and includes vocational rehabilitation.

Not all customers will benefit from participating in telerehabilitation for meeting attendance and remote service delivery. VR counselor or OIB worker must evaluate each customer’s case to determine when telerehabilitation is in the best interest of the customer and whether the customer has access to required resources and has the skills necessary for effective use.

When the VR-SFP service chapters allow or when indicated on the TWC-VR referral form, a provider may:

* implement accessible training activities using a computer-based training platform that allows for face-to-face and/or real time interaction; and
* use video telecommunication services and software such as Video Relay Services or FaceTime, as training tools.

The service provider must ensure all requirements in the TWC-VR SFP, including confidentiality and the customer's literacy and disability needs are met in the delivery of the services.

For some services, the VR counselor or OIB worker will indicate on the service’s TWC-VR referral form when remote delivery of service is allowed for a customer.

The service provider must evaluate the customer’s ability to actively participate in the computer-based training, including identifying whether the customer’s computer resources are adequate. When a service provider identifies customer’s needs are not being met, they must notify the VR counselor or OIB worker.

Meetings can be held remotely between the VR counselor or OIB worker, customer, provider and, as appropriate, the customer’s circle of supports (including the customer’s representative).

#### Appropriate Online Platform

The U.S Department of Health and Human Services issued guidance on utilizing HIPPA compliant platforms: [HHS's Notification of Enforcement Discretion for Telehealth During COVID-19](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html).

The following are listed as HIPPA-compliant applications by HHS:

* Skype for Business / Microsoft Teams for government;
* Updox;
* VSee;
* Zoom for Healthcare;
* Doxy.me;
* Google G Suite Hangouts Meet;
* Cisco Webex Meetings / Webex Teams;
* Amazon Chime; and
* GoToMeeting.

The contractor should visit the link above to ensure continued compliance with HIPPA complaint platforms and to identify when platforms have been added or removed.

#### 3.6.4.2 Evaluation of Service Delivery

The contractor monitors and discusses the effectiveness of the services with the customer's VR counselor or OIB worker on a continuing basis. When necessary, the services being delivered to the customer may need to be changed or an alternate plan established to better meet the customer's goal.

When the service definition, process and procedures, or outcomes required for payment for a service are changed from their description in the VR-SFP to meet a customer’s individual needs a [VR3472, Contracted Service Modification Request](https://twc.texas.gov/forms/index.html) must be completed. The service may not be provided until the VR counselor or OIB worker completes the VR3472 and VR's director approves it.

The VR3472 must justify:

* the need for the change in the service,
* outline how the service will be delivered, and
* indicate the customer’s agreement to participate in the service delivery as described.

The VR director may delegate signature authority for approval of the VR3472.

### 3.6.5 Termination of Service Delivery

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## 3.8 Goods and Services Purchased

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### 3.8.3 Invoices

#### 3.8.3.1 Timely Submission of Invoices for Payment

By accepting the service authorization, the vendor agrees to send an invoice to TWC for payment.

All invoices must contain all required elements, as listed in [3.8.2 Service Authorization](https://twc.texas.gov/standards-manual/vr-sfp-chapter-03#s382).

Billings for medically related purchases (e.g., durable medical equipment-DME, hearing aids, services included in [Chapter 21: Employment Supports for Brain Injury](https://twc.texas.gov/standards-manual/vr-sfp-chapter-21)) may be supported by ReHabWorks system-generated billing cover sheet for the relevant service authorization.

Non-medical billings must be invoiced on the vendor/contractor’s paperwork and may not use the ReHabWorks system-generated billing cover sheet.

Provider electronic signatures will be accepted on forms required for invoicing. For more information, refer to SFP 3.11.1 Documentation and Signatures

#### 3.8.3.2 Required Elements of an Invoice Submitted to TWC-VR

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## 3.11 Documentation and Record Keeping

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### 3.11.1 Documentation and Signatures

When completing forms and/or documentation related to the delivery of services or goods to customers, the contractor must do the following:

* Answer all questions related to the services or goods provided. If a question or section does not apply, enter "Not Applicable" or "N/A" and explain why.
* Write summaries in paragraph form in clear English with adequate details, for questions requiring a narrative response.
* Review the form carefully, leaving no blanks.
* Write the goal in clear, measurable terms, when goals are required.
* Collect required signatures from VR or OIB staff, customers, provider’s staff, and circle of supports (including customer representatives, if any), using encryption when required, through one of the following methods:
  + obtaining handwritten signatures;
  + obtaining **digital** signature(s) ensuring customer confidentiality on approved software options.

Examples of approved software to collect digital signatures include:

* + - Adobe and
    - DocuSign (when it is an option for a TWC-VR form)

Signatures can be collected on smart devices (i.e. tablets and phones).

* + sending a copy of the document to the customer when the customer has the equipment necessary to print, sign and return an electronic copy of the signed form (such as a photo or scanned copy).
* Make certain that all standards have been met before submitting any form and/or report with an invoice for payment.

When the provider has attempted to obtain signatures, and has recorded such attempts on the submitted documentation, VR or OIB staff can verify the customer's satisfaction and service delivery as described in the VR-SFP by contacting the customer.

When forms are completed by a provider, the forms must be submitted by either US mail, hand delivery, fax, or encrypted email, unless otherwise noted.

Information must be accurate and complete. All instructions on the form and in the VR-SFP manual must be followed.

### 3.11.2 Record Storage

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