

Vocational Rehabilitation Services Manual C-700: Medical Services

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C-705 Employment Supports for Brain Injury Overview

Employment Supports for Brain Injury(ESBI) services benefit individuals with acquired brain injuries by encouraging the development of community-based Interdisciplinary Teams (IDTs) throughout Texas. The purpose of this program is to enhance employment outcomes for individuals with brain injuries.

ESBI services are provided to integrate the therapy and employment needs of Vocational Rehabilitation (VR) customers experiencing persistent functional limitations resulting from an acquired brain injury. ESBI is employment-focused. Services can involve the coordination of multiple providers to assist VR customers in maintaining or achieving a competitive integrated employment outcome. ESBI addresses deficits in functional and cognitive skills based on individually assessed need. All customers do not need all services. Services include an array of available therapeutic, employment, and community reintegration support to assist the customer in reaching successful employment outcomes.

ESBI services may be provided in a nonresidential or residential setting. Generally, the VR counselor should expect a customer needing ESBI services to require a coordinated multiservice approach to address cognitive issues and other comorbidities. The IDT's therapeutic intervention occurs during the three employment-based phases of ESBI:

- Initial Assessments and Evaluations
- Therapeutic Interventions
- Employment Services

For more information and maximum session limits refer to Standards for Providers (SFP) 21.5 Employment Supports for Brain Injury Services.

C-705-1 Referrals from Employment Supports for Brain Injury(ESBI) Providers

ESBI referrals may come from several different entities during different stages of an individual's rehabilitation process. Referrals may come from a ESBI provider. Referrals from a provider are not a guarantee that the provider will be selected to work with the referred individual. The selection is based on the customer employment needs and informed customer choice. See SFP 3.3.8 Referrals to VR by a Provider for more information.

C-705-2 Evaluation for Employment Supports for Brain Injury(ESBI) Referral

Before referring a customer to a ESBI provider, the VR counselor must determine whether the customer is ready to participate in services designed to prepare for, obtain, maintain, and advance in competitive integrated employment. Once an application is completed, the VR counselor must verify the diagnosis of a brain injury and the medical stability of the condition by reviewing existing records, including a recent neuropsychological evaluation. After reviewing existing records, the VR counselor orders any additional assessments necessary to make the eligibility determination.

Vocational evaluation and environmental work assessments are available tools that VR counselors are encouraged to use in gaining a clear vocational picture of the customer's ability to benefit from services. If there is still not enough evaluative information to make an eligibility decision, the VR counselor and the customer work together to develop a trial work plan. The goal of trial work experiences is to determine if the customer is ready to benefit from services to prepare for employment. See B-310: Trial Work Services for more information.

If a trial work placement is successful, the VR counselor will retain the work-based information as part of future work experiences to be developed to prepare the customer for a successful competitive integrated employment outcome.

Only a VR counselor can make eligibility determinations. However, given the often complex nature of the medical information involved, the VR counselor must consult with the specialized medical consultant by sending the case to the VR Medical Services mailbox (add link) using the checklist provided at (include link).

The specialized medical consultant provides an independent assessment of the collected records to assist the VR counselor in determining if diagnostics are complete, and if they show that available VR services will correct or substantially modify a stable or slowly progressive physical or mental impairment, one that constitutes a substantial impediment to employment. The medical consultant may also offer recommendations on the level of services needed if the VR counselor determines that the customer is eligible.

C-705-3 Assessing and Planning for Services

Once eligibility is determined, the VR counselor reviews records and/or orders any other additional assessments necessary to plan for services. In addition to the usual services that are reasonable and necessary to meet a customer's rehabilitation needs, services for a customer with acquired brain injury may also include:

- cognitive rehabilitation (using the Maximum Affordable Payment Schedule (MAPS))—see C-703-26 Rehabilitative Therapies for information;

- contracted ESBI non-residential services; or
- contracted ESBI residential services.

See B-400: Completing the Comprehensive Assessment for more information.

While developing the comprehensive assessment in collaboration with the customer to determine the nature and scope of ESBI services that are necessary, initial assessments are obtained from the ESBI residential or nonresidential provider, as authorized by the VR counselor and coordinated by the ESBI designated case manager.

It should be noted that residential ESBI services will only be authorized when:

- access to coordinated nonresidential or outpatient services are not available for a customer who lives in a remote area—that is:
 - local outpatient rehabilitation providers are not available within the customer's community; or
 - attempts to recruit and contract with local providers have not been successful;or
- there are documented therapeutic reasons that the customer cannot progress without certain interventions only available in a residential setting.

Customer must have a confirmed discharge living location documented. Documentation in the case file must:

- reveal that the customer has the ability to learn and transfer skills back into a local community employment setting, or
- the IDT has a plan in place for transferring strategies to the customer's local employment environment upon discharge.

If residential evaluation services are indicated by existing evaluations and assessments, the VR counselor coordinates with the designated medical services coordinator (MSC) and a contracted ESBI residential provider of the customer's choice to schedule admission for planning and evaluation.

Otherwise, the VR counselor works with a contracted ESBI nonresidential provider to refer the customer for the Initial Assessment and Evaluation Plan (IAEP). The IAEP includes a review of existing recent occupational therapy, physical therapy, speech therapy, and/or cognitive evaluations in relation to any existing work experience evaluations, vocational evaluations, and/or environmental work assessments. Assessments that are necessary are conducted as part of the evaluation plan authorized by the VR counselor with input from the ESBI IDT. The IDT's IAEP includes short- and long-term goals, treatment recommendations, and an expected time frame for necessary therapeutic services.

The evaluations and recommendations of the IDT must be reviewed by the specialized medical consultant before the Interdisciplinary Program Plan (IPP) and the Individualized Plan for Employment (IPE) are completed, to assist the VR counselor with decisions regarding the customer's progress toward a successful outcome.

When sending a customer for an IDT IAEP, a courtesy case file is sent to the MSC, along with a completed VR3420 Employment Supports for Brain Injury(ESBI) referral to coordinate purchasing for the case and include use of any comparable benefits.

For more information, refer to 706-3 Coordination of Services Through the Designated Medical Services Coordinator. VR policy requires best value purchasing and documentation that all comparable benefits have been explored before writing the IPE. Coordination with the MSC must include the investigation and application of available benefits for the customer. For more information, see D-400: Purchasing.

Any use of pharmaceutical drugs (chemical restraint) to control inappropriate behavior must be stabilized before an individual may receive ESBI services. The IDT will staff behavioral issues as part of the IPP and consider whether the customer is able to benefit from other services being provided. If not, the customer is discharged until stabilization is achieved. The physician and the IDT must monitor chemical restraint programs closely for desired responses and adverse consequences.

If services from a residential ESBI provider are required, a maximum of four months can be added to the IPE, but only if the documented criteria are met and intermediary goals are set for measurable and observable progress toward the employment goal. Customers who do not demonstrate progress toward intermediary goals may be discharged, and alternative interventions may be considered to meet customer goals. Additional residential services beyond four months must have VR manager approval in 30-day increments. Managerial oversight must not cause breaks in service for customers who demonstrate progress toward goal achievement. Decisions made by the VR counselor and the VR manager, when necessary, are made in a timely fashion in accordance with the IPP.

The following items must be included in the IPE for ESBI services:

- Employment goal
- Short- and long-term (intermediate) employment goals
- Comparable benefits
- Types of therapeutic interventions
- Frequency and length of treatment
- Specific employment provider(s)
- Specific ESBI provider
- Ancillary services (as necessary)
- Customer responsibilities

The IPE must be reviewed and amended when significant changes are identified in the IPP or when additional services are approved. For more information on developing the IPE, see B-500: Individualized Plan.

Required Attendance and Documentation

When customers participate in ESBI services, the VR counselor is a critical part of the IDT. The VR counselor advocates for the customer. As an advocate, the VR counselor is empowered to ask questions and ensure the customer is receiving the agreed-upon services. Extensive interaction with the IDT, the customer, and his or her support system is necessary to ensure that the customer is progressing in an effective and efficient way toward the customer's ultimate employment goals.

The VR counselor must ensure that the customer is benefiting from treatment. If the customer is participating in ESBI services, the VR counselor is a member of the interdisciplinary team (IDT) and must follow the customer's progress through treatment-related team meetings. It is essential that the VR counselor evaluates the customer's progress through regular contact with the IDT, the customer, and the customer's support system, and by reviewing the documentation submitted on a weekly basis.

When a rehabilitation treatment does not lead to progress toward the work-based goals identified in the IPP, the VR counselor must work with other members of the IDT to consider appropriate modifications to the plan. When the VR counselor identifies that the customer is not making progress and no other intervention is available to modify the condition in a reasonable time, the VR counselor may discontinue sponsorship of the treatment and consider other approaches to employment or referral to independent living services to maximize the customer's abilities in the home and community, instead of VR.

The VR counselor must:

- attend monthly IDT meetings;
- document in ReHabWorks (RHW):
 - progress toward rehabilitation goals;
 - progress toward employment goals; and
 - any VR counselor–approved modifications to the IPP; and
- obtain a copy of the monthly IDT meeting report and file it in the customer's paper case file.

See SFP 21.5.4 Individual Program Plan Service Definition.

C-705-4 Coordination of Employment Supports for Brain Injury(ESBI) Services Through the Medical Service Coordinator

When referring a customer to ESBI, the VR counselor receives unit purchasing specialist (UPS) assistance by sending a packet to the MSC. The MSC coordinates:

- the evaluation of purchasing and billing from the ESBI provider(s); and
- contracted ESBI nonresidential services or contracted ESBI residential services.

The MSC must issue all service authorizations for all contracted ESBI therapeutic residential and nonresidential services, and the UPS coordinates to provide ESBI-related employment services authorizations in a residential or nonresidential setting.

Upon receiving a courtesy case file, and after coordination with the UPS, the MSC:

- reviews referral information and discusses with the VR counselor any problems encountered, additional medical information needed, or related medical questions;
- confirms the availability of comparable services and benefits;
- informs the VR counselor of the estimated costs for medical services before encumbering funds;
- discusses with the provider or the provider's staff members the payment allowances for related medical services;
- coordinates ESBI services;
- issues ESBI service authorizations, with the exception of those covered by the employment services contract;
- communicates with the customer, the VR counselor, and providers about ongoing services;
- notifies the VR counselor, service provider, and the customer, if necessary, about the date, time, and location of scheduled services;
- provides the VR counselor with documentation of significant events in the medical services process;
- requests approval from the VR counselor to process claims for payment after deducting other payments;
- processes documents on encumbrances for medical services;
- maintains effective working relationships with ESBI program staff members and the medical community; and
- serves as a resource to ESBI program staff members in field offices when coordinating medical services for the customer.

The MSC or the medical services technician (MST) must issue all service authorizations for contracted ESBI services provided in a residential or nonresidential setting. The UPS coordinates the service authorizations for all ESBI employment services.

The MSC coordinates contracted nonresidential or residential ESBI services for eligible VR customers using the following procedures:

The MSC or MST contacts the ESBI provider to:

- verify receipt of required physician orders for nonresidential or residential services and verify that the provider has completed an assessment confirming that the customer is appropriate for provider services;
- verify comparable benefits, if applicable, with the ESBI provider representative to include the specific benefit coverage for ESBI services and the expected customer portion of the cost, and document the information and its source in a contact note;
- verify that ESBI services were approved and place documentation of approval in the case file if the comparable benefit requires preauthorization for ESBI services; and
- review Texas Workforce Commission–VR payment policies and limitations and determine whether the customer’s medical records must be faxed or mailed to the provider, and if prescriptions must be updated.

The Medical Services Coordinator Creates Service Records

Residential ESBI services are paid using a daily contract rate. Nonresidential ESBI services are paid using an hourly rate. The MSC refers to the tiered contract rate for the payment rate and creates service records for all anticipated services, including:

- ESBI facility base services (per standards);
- physician consultations (using MAPS) (routine medical management is included in the daily contract rate; the VR counselor refers to the [SFP Manual](#));
- medications (at cost if purchased from an outside pharmacy—prescription is required);
- individual therapies at a ESBI facility based on the tiered rates; and
- neuropsychological evaluation (using MAPS).

If the facility is also a hospital and has a pharmacy, medications should be purchased through the hospital contract rate.

When the Customer Has Verified Comparable Benefits

When the customer has comparable benefits that have been verified, the MSC creates service records using the customer portion not covered by the comparable benefit as the cost for the service. The customer’s portion must not exceed the ESBI standards rate or the MAPS rate for the ancillary service, whichever is applicable.

If the customer's comparable benefits have not been verified, the MSC creates service records as if the customer does not have any comparable benefits.

1. The MSC documents the estimated cost in RHW and contacts the VR counselor to:
 - provide an estimate of the total cost for requested service(s) and anticipated ancillary services; and

- notify the VR counselor to request the availability of funds from the caseload budget.
2. The MSC contacts a ESBI facility representative to:
 - obtain the admission or start date and advise the ESBI facility representative that the service authorization will be sent (services cannot begin until the provider receives the service authorization); and
 - obtain preadmission instructions for the customer.
 3. The MSC then documents the contact in a case note.
 4. The MSC issues service authorizations and sends a copy of the service authorizations to the ESBI facility and ancillary medical service providers. The MSC and UPS continue to collaborate on other ancillary service requests. The UPS coordinates any nonmedical purchases necessary for the employment goals of the customer. The MSC:
 - reviews the service records to confirm the information is correct and ensure that accurate service authorizations will be generated;
 - issues service authorizations for planned service and all anticipated ancillary services (If comparable benefits are verified, the MSC notes the specific comparable benefit in the Payment or Special Instructions section of the service authorization and requests a copy of the Explanation of Benefits with the invoice for payment; if comparable benefit coverage cannot be established before issuing the service authorization, the MSC notes the reported comparable benefit in the Payment or Special Instructions section of the service authorization and alerts the provider of possible benefit coverage.);
 - ensures that the required approvals are documented in RHW before issuing a service authorization;
 - issues a service authorization for an initial period of 120 days and extends ESBI services in 30-day increments (or shorter increments if fewer than 30 days are needed to complete the program) when VR manager approval is documented and an updated IPP is received; and
 - faxes, scans, or mails the service authorizations to the ESBI facility and ancillary service providers, as applicable.

Note: Given the length of the program, service authorizations have multiple line items corresponding to a facility's billing cycle and interim invoice.

5. The VR counselor/RA contacts the customer to coordinate the admission or start date of ESBI services by:

- contacting the customer and/or family by phone or letter to notify the customer of the admission or start date or to request that the customer and/or family schedule the admission or start date and notify the MSC;
- verifying whether the customer has received special instructions from the ESBI facility;
- notifying the VR counselor of the customer's ESBI admission or start date and of any special instructions from the ESBI provider;
- sending a letter to the customer and/or family (if needed) with the facility admission or start date and including any additional instructions; and
- documenting the information in a case note.

6. The MSC contacts the ESBI provider facility representative:

- within two days after the scheduled admission or start date to confirm that the customer started services;
- to ensure that the ESBI provider representative knows to contact the MSC and the VR counselor if the customer misses more than one day of ESBI services;
- to follow up with the ESBI provider to ensure that the treatment plan and monthly staffing progress reports are delivered simultaneously to the VR counselor and the MSC; and
- before the date of expected discharge, to identify medical needs for the customer, including supplies, durable medical equipment, and medication for the first two weeks if the customer is in a residential ESBI setting.

7. The MSC contacts the VR counselor to:

- notify the VR counselor when the customer is discharged and of any medical needs that the MSC will coordinate (the MSC obtains approval for encumbrances and documents the approval in a case note);
- forward any medical records received to the VR counselor;
- notify the VR counselor and the home MSC, if applicable, when the case will be returned to the home MSC; and
- discuss any additional case coordination needs with the VR counselor.

Duration of Employment Supports for Brain Injury Services

ESBI services are not limited by time elapsed since the traumatic brain injury was acquired.

Purchasing Employment Supports for Brain Injury Services

Residential ESBI services may be provided for 120 days and then in 30-day increments with VR manager approval based on progress toward IPP and IPE goals. Nonresidential services are provided in an outpatient setting with total therapeutic hours not to exceed 20 hours per week over a 12-week period unless approved by the VR counselor specifically on the IPE and IPP. If additional services are needed after 12 weeks,

service justification must be documented in the case file, along with VR manager approval for extensions in up to 30-day increments.

For more information about ESBI services, see [SFP Chapter 21: Standards for Employment Supports for Brain Injury\(ESBI\) Service Providers](#). ESBI service providers must adhere to all requirements set forth in the chapter.