



Texas Workforce Commission
Vocational Rehabilitation Services
Contracted Service Modification Request
Blind and Visually Impaired Services

Instructions:

A VR3472, Contracted Service Modification Request must be utilized and submitted in accordance with the following process:

- 1. the VR counselor will complete the VR3472;
2. prior to submitting, the VR counselor verifies the customer and provider agree with the modification;
3. the VR counselor will sign the VR3472 and obtain the provider's legal authorized representative's signature;
4. the VR counselor must enter a case note in ReHabWorks for the customer that explains and justifies the need for the modification including the content to questions asked within the form;
5. after the above steps are completed, VR counselor will send the VR3472 to the vrs.program.contract.approval@twc.texas.gov mailbox for approval using the naming convention in the subject line of the email: Region#\_3472\_provider's name or customer's case id;
6. the VR Standards Team or Subject Matter Expert will conduct a case review and coordinate the approval of the VR3472 obtaining VR Director signature;
7. VR standards team will ensure the final approved or not approved VR3472 is returned to VR counselor and will copy the Regional Quality Assurance Specialist or Regional Program Support Specialist;
8. the VR counselor will send the VR3472 to the provider and will file it in the customer paper file; and
9. providers will submit a copy of the approved VR3472 with applicable invoices.

Note: Update the customer's IPE when necessary, after VR3472 is approved

Contractor Information

Form with fields: TWC contract number, Texas Identification Number (TIN), Legal name, Doing Business As (DBA) name, Director name, Director's email, Director's phone number.

Customer Identification Information

Form with fields: First name, Last name, VRS case ID, City.

Services to be Modified

Identify VR-SFP Chapter and service(s) involved in the Contracted Service Modification request.

- Chapter 5: Orientation and Mobility Services
Orientation and Mobility Assessment
Orientation and Mobility Training
Chapter 7: Diabetes Self-Management Education Services
Assessment of Diabetes Self-Management
Diabetes Skills Training
Post-Training Assessment
Chapter 9: Assistive Technology for Sight Related Disabilities

- Assistive Technology Evaluations
- Assistive Technology Training
- [Chapter 10: Independent Living Services for Older Individuals who are Blind](#)
- Independent Living Skills Training
- Baseline Assessments

### Requested Change in VR-SFP

**Requested change in the VR-SFP to meet the customer’s individual needs and circumstances.**

- The service(s) (identified above) are to be conducted remotely, following VR-SFP 3.4.8 Remote Service Delivery, when the VR-SFP states the service must be provided in person with the staff and customer at the same location.
- Orientation and Mobility Training is conducted for greater than 6 hours or less than 2 hours per day as required in VR-SFP 5.4.1
- Orientation and Mobility Training is conducted with customer using non-ridged cane VR-SFP 5.4.2.3 Travel Aides
- Diabetes Self-management Assessment that exceeds the 2 hours requirement. VR-SFP 7.3.2
- Assistive Technology Training that deviates from the approved curriculum. VR-SFP 9.5.2.1
- Other, service definition, process and procedures or outcomes required for payment prescribed in the VR-SFP needs to be changed to meet the customer’s individual needs and circumstances
  - List the specific section of the VR-SFP needs to be changed:

### Description and Justification for Contracted Service Modification

The following information needs to be documented in the customer’s ReHabWorks case notes. State office will conduct a case review to determine if case notes support information below.

**Describe the customer’s disability as identified in ReHabWorks.**

**Describe in detail how the services will be provided to meet the customer’s individual needs and circumstances to achieve their IPE goal(s).**

**Note:** All remote services must be conducted following the VR-SFP 3.4.8 Remote Service Delivery

**Describe the resources the customer has to engage in the remote service and how the customer’s abilities have been evaluated to ensure they can benefit from Remote Service Delivery.**

Examples: Has smartphone or tablet, able to use facetime or zoom independently

**Note:** When Diabetes Management or Assistive Technology or Independent Living Services are being requested to be provided remotely, following the VR-SFP 3.4.8 Remote Service Delivery.

- Not purchasing Diabetes Management or Assistive Technology or Independent Living Services remotely

### VR Counselor Acknowledgment

By typing my name below, I have verified the information on the request is accurate.

- Yes, the required ReHabWorks case note has been entered.**

**VR counselor’s Typed Name:**

**Region #:**

**Date:**

### Entity’s Legal Authorized Representative Signature

A legally authorized representative is the person who is authorized to sign contracts and other official documents for the entity.

By signing below, I, the entity's legally authorized representative, acknowledge agreement with the information contained in the Contracted Service Modification form. (See VR-SFP 3 on Signatures)

**Entity's Legally Authorized Representative typed or printed name:**

**Entity's legally authorized representative's digital or handwritten signature:**

**Date:**

**X**

### **VR Division Director Review and Signature**

By signing my name below, I am providing my approval or denial of the contract modification request as indicated:

Approve request above      Deny request above

**VR Division Director typed or signed name:**

**Date:**

**X**

### **Additional Comments**

**When needed add additional comments, date, and initial each entry:**

### **State Office Use Only**

ReHabWorks Case and Contracted Service Modification Request reviewed

Comment, if any: