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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Contracted Service Modification RequestBlind 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; 1. the VR counselor will send the VR3472 to the provider and will file it in the customer paper file; and
2. 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**  |
| **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**  |
| **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](https://www.twc.texas.gov/standards-manual/vr-sfp-chapter-05)**[ ]** Orientation and Mobility Assessment **[ ]** Orientation and Mobility Training**[ ]** [Chapter 7: Diabetes Self-Management Education Services](https://www.twc.texas.gov/standards-manual/vr-sfp-chapter-07)**[ ]** Assessment of Diabetes Self-Management **[ ]** Diabetes Skills Training **[ ]** Post-Training Assessment**[ ]** [Chapter 9: Assistive Technology for Sight Related Disabilities](https://www.twc.texas.gov/standards-manual/vr-sfp-chapter-09)[ ]  Assistive Technology Evaluations [ ]  Baseline Assessments [ ]  Assistive Technology Training**[ ]** [Chapter 10: Independent Living Services for Older Individuals who are Blind](https://www.twc.texas.gov/standards-manual/vr-sfp-chapter-10)[ ]  Independent Living Skills Training |
| **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:
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| **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:** |
| **X**  | **Date:**      |
| **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:** **X**      | **Date:**      |
| **Additional Comments**  |
| **When needed add additional comments, date, and initial each entry:**      |
| **State Office Use Only**  |
| [ ]  ReHabWorks Case and Contracted Service Modification Request reviewedComment, if any:       |