# VR-SFP Chapter 21: Standards for Post‑acute Brain Injury Service Providers

**Chapter deleted on October 1, 2019 and replaced by VR-SFP Chapter 21: Employment Supports for Brain Injury**

Contract Type: Post-Acute Brain Injury Services

The contractor and contractor staff that provide services described in this chapter also must comply with Chapters 1–3 of the VR Standards for Providers manual.

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## 21.1 Overview

The Standards for Post-acute Brain Injury Service Providers chapter is the official reference document for provider requirements for contracted goods and services for the vocational rehabilitation (VR) Post-acute Brain Injury (PABI) program.

The VR program PABI service arrays may be provided to eligible customers diagnosed with traumatic brain injury and other types of acquired brain injuries with a stable or slowly progressive prognosis and the desire and potential for employment following the completion of short-term, time-limited VR services. Policy excludes a diagnosis of acquired brain injury due to cancer unless the cancer has been treated and is in remission with a good prognosis, as per the [VR3112, Cancer Disability Medical Report](https://twc.texas.gov/forms/index.html), completed by the customer's oncologist.

PABI services are available in residential and nonresidential settings. Two service types are available, core and ancillary, although not all services within these service types are used for each customer.

Services are based on an assessment of the individual's needs. The goal of PABI services for VR customers is to establish new patterns of cognitive activity and compensatory mechanisms to achieve a specific employment outcome.

This standards chapter is available online from the [TWC Vocational Rehabilitation Providers' Resources](https://twc.texas.gov/partners/vocational-rehabilitation-providers-resources) page; the website is VR's preferred method of providing access to the PABI standards and all revisions. The service arrays also state the service modality (that is, whether the service is provided on an individual basis, group basis, or both) and the general required provider qualifications. See PABI Brain Injury Service Arrays by Setting. Additional provider qualifications for some VR services are stated in the standards below.

Revisions to these standards are made periodically; a log that notes all revisions is available online. Each provider is responsible, as stated in the contract, for maintaining compliance with the most recent VR standards.

For more information about the VR standards for providers, the provider can contact a standards specialist at [vr.standards@twc.state.tx.us](mailto:vr.standards@twc.state.tx.us)

## 21.2 Definitions

The following definitions apply unless the context clearly indicates otherwise:

Abuse

The negligent or willful infliction of injury, unreasonable confinement, intimidation, or threat thereof, or cruel punishment with resulting physical or emotional harm or pain; or sexual abuse, including any involuntary or nonconsensual sexual conduct that would constitute the offenses of indecent exposure or assault, committed by the individual's caretaker, family member, or other individual who has an ongoing relationship with the individual.

Acquired brain injury

An acquired brain injury is an injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. An acquired brain injury is an injury to the brain that has occurred after birth. Examples of acquired brain injury include stroke, an injury caused by an external force, near drowning, hypoxic or anoxic brain injury, tumor, neurotoxins, electric shock, or lightning strike.

Agency

Texas Workforce Commission Vocational Rehabilitation Services (TWC VR) or its successor agencies.

Ancillary services

Goods and services that support VR post-acute brain injury services but are not primary interventions. Examples of ancillary services include supplies, medications, and transportation.

Aquatic therapy

A type of therapy that involves an exercise method in water to improve an individual's range of motion, flexibility, muscular strength and toning, cardiovascular endurance, fitness, and/or mobility.

Art therapy

A type of therapy in which individuals use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior, develop social skills, improve reality orientation, reduce anxiety, and/or increase self-esteem.

Audiological services

Evaluation and treatment of hearing, balance, or related disorders.

Behavior management

A set of coordinated services that provide an individual with specialized interventions designed to increase adaptive behaviors and to reduce maladaptive or socially unacceptable behaviors, up to and including violent dyscontrol, that prevent or interfere with the individual's inclusion within the home environment and the community.

Case management

Services that assist the customer in the planning, coordination, monitoring, and evaluation of services with emphasis on quality of care, continuity of services, and cost-effectiveness.

Case manager

A case manager collaborates with the interdisciplinary team and external entities to assess, coordinate, implement, and evaluate all services required to meet a customer's needs.

Certified professional

An individual with the knowledge, experience, and skills to perform a specific job who is paid for performing that job. The individual's expertise is verified by a certificate earned by passing an exam that is accredited by an organization or association that monitors and upholds prescribed standards for the profession involved. Examples of certified professionals include a certified brain injury specialist, certified nursing assistant, certified medical assistant, certified medication aide, and certified nurse aide.

Chemical dependency services

Planned services that are structured to help an individual abstain from using drugs and/or alcohol. Services include identifying and changing behavior patterns that are maladaptive, destructive, or injurious to health and which are related to or result from substance-related disorders, and identifying and changing behavior patterns to restore appropriate levels of physical, psychological, and social functioning.

Cognitive rehabilitation therapy (CRT)

A type of therapy that helps an individual to learn or relearn cognitive skills that have been lost or altered due to a traumatic brain injury. Services enable the individual to compensate for lost cognitive functions and include reinforcing, strengthening, or reestablishing previously learned patterns of behavior or establishing new patterns of cognitive activity or compensatory mechanisms for impaired neurological systems.

Core services

A set of fundamental services that is essential to rehabilitation of individuals who have a traumatic brain injury. Specific core services are based on assessed individualized needs.

Dietary and nutritional services

Services that develop a prescribed diet to meet basic or special therapeutic nutritional needs.

Durable medical equipment and supplies

Equipment that provides therapeutic benefits to an individual whose medical conditions require the equipment and supplies.

Exploitation

The illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with an individual with a disability and uses the resources of the individual, including Social Security number and other identifying information, without his or her informed consent, for monetary and/or personal benefit, profit, or gain.

Family and caregiver education and training services

Information that provides a foundation for relationships with an individual who has a traumatic brain injury or traumatic spinal cord injury, or both.

Family therapy

A specialized type of psychotherapy that helps families and caregivers in intimate relationships to nurture healing and development.

Group therapy

A type of therapy with two or more individuals in addition to a therapist who have a common therapeutic purpose or a common goal to achieve.

Home modification

The use of assistive or adaptive equipment or devices that may be installed in an individual's home to enable the individual to perform household tasks. This equipment must be removable from the residence without causing permanent damage to the property. Examples include grab bars in bathrooms or portable ramps for individuals who use wheelchairs or who have other mobility impairments.

Interdisciplinary team (IDT)

A team of professionals that coordinates services to achieve treatment goals to minimize a customer's physical or cognitive disabilities and to maximize functional capacity.

Individual therapy

A collaborative process between a therapist and one individual that is intended to facilitate change and improve quality of life.

Individualized Plan for Employment (IPE)

A formal plan of services for customers who have been determined eligible for VR. The IPE provides details about the services that will be arranged, purchased, and or provided to assist the customer in reaching a specific employment outcome. Services and goals are based on an assessment of the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Individualized Program Plan (IPP)

A document developed by the interdisciplinary team for each customer, based on individual needs, that includes at least the following elements: long-term and short-term goals and objectives, the treatment modalities to be used in achieving these goals and objectives, the individual(s) responsible for each treatment modality, the target date by which each goal and objective is to be achieved, and the discharge plan.

Licensed professional

An individual who has completed a prescribed program of study in a health field and who has obtained a license indicating his or her competence to practice in that field. Examples of licensed professionals include a registered nurse, physician, and social worker.

Limited skilled-nursing

Skilled-nursing for a limited time. This service involves providing or delegating personal care services and medication administration consistent with rules established by the Texas Board of Nursing; assessing a patient to determine the care required; and delivering temporary skilled-nursing services for minor illness, injury, or emergency for a period not to exceed 30 days.

Massage therapy

A type of therapy involving the manipulation of soft tissue by hand or through a mechanical or electrical apparatus for therapeutic purposes. Massage therapy constitutes a health care service if the massage therapy is for therapeutic purposes.

Medical services

Services or supplies that are needed for the diagnosis or treatment of medical conditions.

Mental restoration services

Limited or short-term psychiatric services, including treatment and psychotherapy, for mental conditions that are stable or slowly progressive.

Music therapy

A type of therapy using musical or rhythmic interventions to restore, maintain, or improve an individual's social or emotional functioning, mental processing, or physical health.

Neglect

The failure of a caretaker or facility, through indifference or carelessness, to provide goods or services, including medical services, that are necessary to avoid physical or emotional harm or pain.

Neuropsychological and neuropsychiatric services

A comprehensive battery of tests to evaluate neurocognitive, behavioral, and emotional strengths and weaknesses and their relationship to normal and abnormal central-nervous-system functioning.

Occupational therapy

Types of therapy using evaluation and treatment to develop, recover, or maintain the daily living skills of individuals who have a physical, mental, and/or cognitive disorder consistent with the Occupational Therapy Practice Act, Occupations Code.

Orthosis

A custom-fabricated or custom-fitted medical device designed to provide for the support, alignment, prevention, or correction of a neuromuscular or musculoskeletal disease, injury, or deformity, consistent with the Orthotics and Prosthetics Act, Occupations Code.

Over-the-counter medication

Medication that can be obtained without a prescription.

Paraprofessional

An individual to whom an aspect of a professional task is delegated but who is not licensed as a fully qualified professional. A paraprofessional is qualified, through experience, training, or a combination thereof, to provide services. Paraprofessionals must have, at a minimum, a high school diploma or its equivalent.

Personal assistance services

Services provided in a residential setting to an individual who needs prompts and hands-on supports to participate in services. Services may include, but are not limited to, providing order, safety, and cleanliness assistance; assisting with medication or therapeutic regimens; preparing and serving meals; assisting with laundry; providing supervision and care to meet basic needs; and ensuring evacuation in case of an emergency.

Personal attendant care services

Services provided in a home setting to individuals with approved medical needs only, and only when provision of services in the home setting is necessary to enable the individual to participate in VR service arrays, which may include assistance with toileting routines, transferring, bathing, dressing, medications, meals, and activities of daily living.

Physical restoration services

Services that correct or substantially modify, within a reasonable period, a physical condition that is stable or slowly progressive.

Physical therapy

A type of therapy that prevents, identifies, corrects, or alleviates acute or prolonged movement dysfunction or pain of anatomical or physiological origin.

Post-acute brain injury (PABI)

A brain injury at the post-acute stage, which is when the patient is medically stable and deemed ready to engage in intensive rehabilitation.

Post-acute brain injury services

Services provided as recommended by an interdisciplinary team to address deficits in functional and cognitive skills based on individualized assessed needs. Services may include behavior management, the development of coping skills, and compensatory strategies. These services may be provided in a residential or nonresidential setting.

Prescription medication

A medicine that legally requires a medical prescription to be dispensed.

Prosthesis

A custom-fabricated or custom-fitted medical device used to replace a missing limb, appendage, or other external human body part but that is not surgically implanted, consistent with the Orthotics and Prosthetics Act, Occupations Code. Accordingly, the term includes an artificial limb, hand, or foot.

Provider type

A term that refers to the types of service providers within the VR program, consisting of certified professionals, licensed professionals, and paraprofessionals.

Recreational therapy

A type of therapy involving recreational or leisure activities that assist in the restoration, remediation, or rehabilitation of an individual's level of functioning and independence in life activities and that promote health and wellness and reduce or eliminate the activity limitations associated with traumatic brain injury, traumatic spinal cord injury, or both.

Rehabilitation technology

Equipment or technology designed to help individuals with disabilities perform tasks that would otherwise require assistance.

Room and board

Shelter, facilities, and food, including the customary and usual diets in residential settings as well as any prescribed nutritional meals or supplements.

Service arrays

A set of services provided to eligible individuals who have a post-acute brain injury. Services are based on assessed individualized rehabilitation needs.

Speech-language pathology

The application of nonmedical principles, methods, and procedures for measurement, testing, evaluation, prediction, counseling, habilitation, rehabilitation, or instruction related to the development and disorders of communication, including speech, voice, language, oral pharyngeal function ,or cognitive processes, for the purpose of evaluating, preventing, or modifying or offering to evaluate, prevent, or modify those disorders and conditions in an individual or a group, consistent with the Orthotics and Prosthetics Act, Occupations Code.

Therapeutic pass

A therapeutic pass is a planned activity for which the customer is away from the residential facility for an entire day—up to 24 hours. The purpose of the therapeutic pass is to facilitate a customer's transition from the residential facility to the home and community. Staff members from the residential facility are available to provide guidance and instruction—usually by phone—for a customer, a customer's family, or others while a customer is on a therapeutic pass.

Traumatic brain injury (TBI)

An injury to the brain that is not degenerative or congenital and is caused by an external physical force, which may produce a diminished or altered state of consciousness, resulting in temporary or permanent impairment of cognitive abilities and/or physical functioning, and partial or total functional disability and/or psychosocial maladjustment.

Transportation

Travel and related expenses.

Vision services

A sequence of neurosensory and neuromuscular activities individually prescribed and monitored by a doctor to develop, rehabilitate, and enhance visual skills.

## 21.3 Licensure, Certification, and Accreditation

### 21.3.1 Overview

VR purchases services only from providers that comply with the appropriate standards in this manual and applicable federal and state licensing standard and/or certification. Each provider is required to undergo an enrollment approval process, and periodic monitoring ensures continued compliance with these standards. These standards apply only to services purchased by VR. Providers that enroll must demonstrate the ability to deliver all core services in the service array of choice. Delivery may be direct or via a third party. Not all services will be provided to all customers.

### 21.3.2 Adding Services or Changing Service Locations

Once in place, the provider contract must list the facility physical location(s), if applicable, and the provider services that have been determined to be in compliance with these standards. If there is any change in the physical locations, or if the provider wishes to offer additional service arrays, the contract manager must first determine that those changes comply with the relevant standards. A contract amendment must be developed and signed by both parties at least 60 days before the initiation of new services or of services at a new location.

### 21.3.3 Licensure by Other Agencies

All residential post-acute rehabilitation facilities that do business with the VR program must be licensed by at least one of the following regulatory agencies, as appropriate:

* [Texas Department of Aging and Disability Services (DADS), as an assisted living facility (ALF)](https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/assisted-living-facilities-alf)
* [DADS as a nursing facility](https://hhs.texas.gov/laws-regulations/handbooks/nursing-facility-requirements-licensure-and-medicaid-certification-handbook)
* [Texas Department of State Health Services (DSHS), as a hospital](http://www.dshs.texas.gov/region6-5/hlfpagenew.shtm?terms=licensure%e2%80%a2%09Texas%20Department%20of%20State%20Health%20Services%20(DSHS)%2c%20as%20a%20hospital)
* [DSHS as a chemical-dependency treatment center](http://www.dshs.state.tx.us/facilities/))

All nonresidential post-acute rehabilitation facilities that do business with VR and are not licensed by DADS as an ALF or as a nursing facility, or by DSHS as a hospital or chemical dependency center, must be:

* registered with the Executive Council of Physical Therapy and Occupational Therapy Examiners; or
* licensed by DADS as a home and community support services agency.

### 21.3.4 Accreditation

All residential post-acute brain injury facilities that do business with VR must maintain accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF), from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or from the Disease-Specific Care Certification in Brain Injury Rehabilitation Program.

New facilities doing business with VR that do not already meet this requirement are granted up to two years from the date of their VR contract for post-acute brain injury or post-acute spinal cord injury services to obtain the accreditation.

## 21.4 Program Monitoring

### 21.4.1 Ongoing Monitoring

Designated state agency staff continuously monitors services provided to customers and makes regular on-site visits to provider facilities, which may include review of case files.

The monitoring process is focused on compliance with the contract for the provision and delivery of the contracted services. Ongoing monitoring includes, but is not limited to, the following:

* Whether the facility provides the services identified by the interdisciplinary team as necessary and appropriate
* Whether services are provided in accordance with the respective service array
* Whether the facility provides needed services and interventions
* Whether the facility ensures that customers are free from abuse, neglect, or exploitation
* Whether customers, families, and guardians participate in identifying and selecting services
* Whether the facility promotes greater independence
* How appropriately and effectively staff interacts with customers
* Whether all identified needs are being met

### 21.4.2 Onsight Monitoring

All providers are subject to periodic administrative, programmatic, and financial monitoring by agency staff. Each fiscal year, the state and region assess providers to identify which will be monitored on-site during a 12-month period. If a provider is selected for an announced monitoring review, the lead monitor sends a letter announcing the review and providing information about the scope of the review and instructions about how to prepare for it. As VR determines the need, providers that are not identified on the risk assessment may also be monitored.

### 21.4.3 Unannounced On-Site Monitoring Visits

Agency staff may conduct an unannounced monitoring review if VR determines it necessary.

### 21.4.4 Monitoring Visit

The monitoring review may consist of:

* the entrance conference;
* the records review;
* interviews;
* observation;
* tours of the facility and grounds; and
* the exit conference.

### 21.4.5 Report of Monitoring Results

The lead monitor sends a report to the provider about the results of the monitoring review after it is completed. This report:

* includes findings of noncompliance with program or financial standards; and
* asks the provider either to:
  + offer a corrective action plan (CAP); or
  + provide further documentation to help resolve the findings.

### 21.4.6 Corrective Action Plan

The provider must, by the date requested in the report of findings:

* submit a CAP, including financial restitution, if required; or
* rebut a finding and submit documentation that substantiates the rebuttal.

The monitoring team reviews the CAP and may accept the CAP or recommend changes to it.

If the provider does not submit an acceptable CAP or make financial restitution when required, the agency may take adverse action in accordance with the contract.

### 21.4.7 Monitoring Closeout

If there are no findings, or when the monitoring team accepts the CAP, the monitoring review is closed. A letter is sent to the provider documenting this result.

## 21.5 Organization and Administration

### 21.5.1 Records

The provider must make all documents, papers, and records related to the customer available to all agency staff.

The provider's records must document compliance with applicable standards. These records must be:

* easily retrievable; and
* made available to all staff on the monitoring review team.

### 21.5.2 Customer Case Records

The provider must maintain records necessary to:

* achieve VR customer goals; and
* ensure that purchased services are provided.

The provider must keep a current case record for each customer; the case record must include the following:

* Customer referral information that includes, but is not limited to, the Individual Written Rehabilitation Plan received from the VR counselor
* Other intake information
* Financial records including, at a minimum:
  + a copy of service authorization(s);
  + copies of invoices submitted for payment of services; and
  + records of VR payments.

All documentation relating to the VR customer must include, but is not limited to, the following:

* Documentation reflecting that the VR counselor, customer, and service provider are jointly involved in planning service goals and objectives
* Documentation reflecting that the VR counselor, customer, and service provider are jointly involved in monitoring service goals and objectives
* Evidence of communication with all pertinent interdisciplinary team members
* Evidence of customer participation in the planning and implementation of the rehabilitation process
* A copy of the Individualized Program Plan (IPP) signed by the VR counselor, or evidence of fax, e-mail, or paper mail that a copy of the IPP was provided to the VR counselor
* A copy of the IPP signed by the customer or legally authorized representative
* A copy of the IPP signed by the facility case manager
* Copies of progress reports and staffing summaries (at least monthly)
* Attendance records of monthly meetings

### 21.5.3 Confidentiality of Customer or Employee Information

To protect the integrity and dignity of each customer, staff must maintain confidentiality with respect to customer or employee information, per the Health Insurance Portability and Accountability Act (HIPAA), as applicable. The provider must have the policies and procedures in place that facilitate access to confidential records.

The provider must develop and maintain a recordkeeping system that includes a separate record for each customer and must keep confidential all information contained in the customers' records, regardless of the form or storage method of the records.

The provider must develop and use physical safeguards for confidential records and ensure that the records are available to authorized staff only. Customer case records must be locked in a location where maximum protection against fire, water damage, and other hazards is in place.

### 21.5.4 Staff Ratios

The facility must provide sufficient direct-care staff, per state licensure requirements, to manage and supervise customers in accordance with their IPPs. The provider must have enough direct-care staff to provide care and services so that customers do not injure themselves or others or destroy property. Special staffing needs identified by the IPP (for example, one-to-one ratios) must be provided. Adequate numbers of direct-care staff must be available to supervise customers during periods of time when other direct-care staff members are unavailable (for example, during breaks, meals, meetings, and training).

### 21.5.5 Staff Training

Staff members who provide direct services must receive, before assuming any job responsibilities and at least annually thereafter, in-service training in the following areas:

* Reporting of abuse, neglect, or exploitation
* Confidentiality of customer information that includes, but is not limited to, data usage agreement information
* Universal precautions (This term refers to the approach to infection control per the [Occupational Safety and Health Administration](https://www.osha.gov/SLTC/healthcarefacilities/infectious_diseases.html).)
* Conditions about which they should notify the facility manager
* Customers' rights
* Emergency and evacuation procedures
* Safety measures to prevent accidents and injuries
* Emergency first aid procedures, such as the Heimlich maneuver and actions to take when a customer falls, suffers a laceration, or experiences a sudden change in physical and/or mental status
* Managing disruptive behavior
* Behavior management (for example, prevention of aggressive behavior and de-escalation techniques, practices to decrease the frequency of the use of restraint, and alternatives to restraints)
* Fall prevention

### 21.5.6 Substance Abuse

If the customer has a substance abuse disability and the provider observes or has other evidence of the customer's use of alcohol or drugs, the provider must report the observations and evidence immediately to the VR counselor. The provider must document that the VR counselor was informed of all observations and other evidence of the customer's use of alcohol or drugs.

### 21.5.7 Emergency Restrictive Procedures

The facility may use restraint as an emergency measure only if necessary to protect the customer or others from injury.

The provider's policy must include the provision of training in appropriate physical restraint procedures and techniques for staff that has direct customer contact. Procedures must indicate clearly the training provided to all staff at the time of hire and at least annually thereafter.

Each time a customer is restrained, a written report must document the details of the incident. This written report must be filed in the customer file maintained by the facility. Each report must be reviewed by the interdisciplinary team at the next scheduled monthly team meeting to determine whether modifications to the treatment plan are needed.

### 21.5.8 Staff Qualifications

Services are provided by qualified individuals and in accordance with state law and applicable licensing boards, or as specified in these standards below.

#### Aquatic Therapy

Aquatic therapy services must be delivered by a licensed physical or occupational therapist or a licensed physical or occupational therapist assistant.

#### Art Therapy

Art therapy services must be provided in accordance with state law by a licensed professional counselor art therapist.

#### Assistance Services

Personal assistance services may be delivered by a paraprofessional and may be provided on an individual basis.

Personal attendant care services may be delivered by a paraprofessional with training and experience on an individual basis.

#### Behavior Management Plans

Behavior management plans and other evidence-based therapeutic modalities are designed to improve appropriate communication, frustration tolerance or anger management, and other necessary social skills. Behavior management plans must be developed by a board-certified behavior analyst; licensed clinical social worker; or licensed professional counselor, psychiatrist, or psychologist.

#### Chemical Dependency Services

Only licensed professionals with experience in service delivery to customers with brain injury may provide services. These professionals include licensed chemical dependency counselors, licensed professional counselors, and psychologists.

#### Cognitive Rehabilitation Therapy

Cognitive rehabilitation therapy focuses on development of cognitive skills—the abilities to perceive, recognize, conceive, judge, imagine, and reason—that were lost or altered because of neurological damage. The aim of treatment is to enhance a customer's functional competence. The process includes direct retraining, use of compensatory strategies, and/or use of cognitive tools.

PABI services must be provided directly by or supervised in accordance with licensing requirements by:

* a psychologist licensed by the State Board of Examiners of Psychologists;
* a psychiatrist licensed by the State Board of Medical Examiners;
* an occupational therapist licensed by the Executive Council of Physical Therapy and Occupational Therapy Examiners; or
* a speech and language pathologist certified by the State Committee of Examiners for Speech and Language Pathologists and Audiologists.

#### Dietary Services

The facility must provide each customer an adequate balanced meal three times every day, including any prescribed dietary meals or supplements. Therapeutic diets as ordered by the resident's physician must be provided per the service plan. Therapeutic diets that cannot customarily be prepared by a layperson must be calculated by a qualified dietitian. The facility may offer therapeutic diets that could be prepared in a family setting. If a customer is away from the facility at mealtime (except in the case of a therapeutic pass), provision must be made for the customer to have meals.

#### Drivers

Providers must ensure that employees who transport customers have the type of driver's license that is appropriate for the type of vehicle used (Class B or C). Drivers who transport customers in motorized vehicles must prove an acceptable driving record with an official document from the Texas Department of Public Safety documenting that the driver has:

* a valid driver's license;
* no more than one at-fault accident within the past three years;
* no more than three moving violation convictions within the past three years; and
* vehicle liability insurance that meets or exceeds the minimum coverage required by state law.

#### Family and Caregiver Training and Education

Family and caregiver training and education services may include learning about wound care, blood-pressure monitoring, transferring skills, bowel and/or bladder routines, sexuality accommodations, memory strategies, safety routines for bathing, activities of daily living, or strategies for adjustment to disability. Licensed or certified professionals, including psychologists, therapists, and registered nurses, may provide these services.

#### Massage Therapy

Massage therapy services must be provided by a licensed massage therapist per Texas state law.

#### Music Therapy

Music therapy services are provided by an individual who is certified by the Certification Board for Music Therapists or listed with the National Music Therapy Registry.

#### Recreational Therapy

Recreational therapy is provided by an individual who has a current certification from the National Council for Therapeutic Recreation Certification (NCTRC).

## 21.6 Billing

### 21.6.1 Service Authorization

To receive a VR authorization for services, the interdisciplinary team must submit an initial assessment and either a prescription or physician's orders, per state law, for services.

Note: An initial assessment should include high-level information relating to a customer's needs, goals, and proposed therapies.

### 21.6.2 Family Cost Share

VR staff uses net monthly income, liquid assets, and family size related to the federal poverty guidelines for the current fiscal year to determine the amount that a customer must contribute to the cost of services. This is a monthly amount and is applied only for months in which a provided billable service or good requires participation in cost of services. The family cost share amount cannot exceed the cost of the services provided in a given month. A customer participating in the cost of goods and/or services pays the service provider directly, and that amount is deducted from the provider's payment from VR. The cost determined is stated in the service authorization.

The provider is responsible for billing and collecting or writing off cost-share amounts owed by the liable party.

### 21.6.3 Invoices

When applicable, billing must be submitted to third-party payers promptly. Billing to VR must be submitted upon partial-payment or denial of payment from third-party payers, minus applicable the family cost share. Invoices must be submitted at least monthly, no later than the 15th of each month, on one of the following forms:

* UB-04 Centers for Medicare and Medicaid (CMS) 1450
* Health Insurance Billing Form (CMS 1500)

The provider must submit invoices to the address on the VR service authorization, comply with the terms and conditions of the customer contract, and include, at a minimum, the:

* vendor's complete name and address;
* vendor's 14-digit Texas identification number (TIN) or nine-digit federal employee identification number (FEIN);
* vendor's contact name and telephone number;
* service authorization number;
* delivery address;
* contract number;
* description of the goods or services provided, including CPT codes;
* the dates of service;
* quantity and unit-cost being billed and as documented on the service authorization;
* IPP signed by the interdisciplinary team (IDT) (for initial billing for services only);
* the monthly meeting summaries signed by the IDT (for monthly services that are not admission or discharge services); and
* the discharge summary signed by the IDT and the discharge (upon final billing).

### 21.6.4 Billing Increments

For service components and subcomponents that have a unit of service of 15 minutes, a service event:

* is a discrete period of continuous time during which billable activity for one service component is performed by one service provider;
* consists of one or more billable activities; and
* ends when the service provider stops performing a billable activity or performs a billable activity for a different service component.

Example:

If a service provider performs billable activity for registered nursing from 12:00–12:30, performs activity that is not billable from 12:30–12:36, then performs additional billable activity from 12:36–12:48, two service events have occurred, one for 30 minutes (12:00–12:30), and another for 12 minutes (12:36–12:48).

#### 21.6.4.1 Service Time

##### Professional Therapies

A VR program provider must use the following formula for calculating the service time for professional therapies:

The number of service providers multiplied by the length of the service event divided by the number of customers that were served equals the service time.

In this formula, "customer" means an individual who receives a service funded by VR.

Examples:

* 1 service provider X 21 min. service ÷ 3 individuals served = 6.66 minutes
* 1 service provider X 30 min. service ÷ 2 individuals served = 15 minutes
* 2 service providers X 30 min. service ÷ 2 individuals served = 30 minutes
* 2 service providers X 30 min. service ÷ 1 individual served = 60 minutes
* 1 service provider X 45 min. service ÷ 4 individuals served = 11.25 minutes
* 1 service provider X 60 min. service ÷ 1 individual served = 60 minutes
* 1 service provider X 60 min. service ÷ 2 individuals served = 30 minutes
* 1 service provider X 60 min. service ÷ 3 individuals served = 21 minutes
* 2 service providers X 121 min. service ÷ 6 individuals served = 40 minutes

|  |  |
| --- | --- |
| **Service Time** | **Units of Service for Service Claim** |
| At least 8 minutes but less than 23 minutes | 1 unit |
| At least 23 minutes but less than 38 minutes | 2 units |
| At least 38 minutes but less than 53 minutes | 3 units |
| At least 53 minutes but less than 1 hour, 8 minutes | 4 units |
| At least 1 hour, 8 minutes but less than 1 hour, 23 minutes | 5 units |
| At least 1 hour, 23 minutes but less than 1 hour, 38 minutes | 6 units |
| At least 1 hour, 38 minutes but less than 1 hour, 53 minutes | 7 units |
| At least 1 hour, 53 minutes but less than 2 hours, 8 minutes | 8 units |
| At least 2 hours, 8 minutes but less than 2 hours, 23 minutes | 9 units |
| At least 2 hours, 23 minutes but less than 2 hours, 38 minutes | 10 units |
| At least 2 hours, 38 minutes but less than 2 hours, 53 minutes | 11 units |
| At least 2 hours, 53 minutes but less than 3 hours, 8 minutes | 12 units |
| At least 3 hours, 8 minutes but less than 3 hours, 23 minutes | 13 units |
| At least 3 hours, 23 minutes but less than 3 hours, 38 minutes | 14 units |
| At least 3 hours, 38 minutes but less than 3 hours, 53 minutes | 15 units |
| At least 3 hours, 53 minutes but less than 4 hours, 8 minutes | 16 units |
| At least 4 hours, 8 minutes but less than 4 hours, 23 minutes | 17 units |
| At least 4 hours, 23 minutes but less than 4 hours, 38 minutes | 18 units |
| At least 4 hours, 38 minutes but less than 4 hours, 53 minutes | 21 units |
| At least 4 hours, 53 minutes but less than 5 hours, 8 minutes | 21 units |
| At least 5 hours, 8 minutes but less than 5 hours, 23 minutes | 21 units |
| At least 5 hours, 23 minutes but less than 5 hours, 38 minutes | 22 units |
| At least 5 hours, 38 minutes but less than 5 hours, 53 minutes | 23 units |
| At least 5 hours, 53 minutes but less than 6 hours, 8 minutes | 24 units |
| At least 6 hours, 8 minutes but less than 6 hours, 23 minutes | 25 units |
| At least 6 hours, 23 minutes but less than 6 hours, 38 minutes | 26 units |
| At least 6 hours, 38 minutes but less than 6 hours, 53 minutes | 27 units |
| At least 6 hours, 53 minutes but less than 7 hours, 8 minutes | 28 units |
| At least 7 hours, 8 minutes but less than 7 hours, 23 minutes | 29 units |
| At least 7 hours, 23 minutes but less than 7 hours, 38 minutes | 30 units |
| At least 7 hours, 38 minutes but less than 7 hours, 53 minutes | 31 units |
| At least 7 hours, 53 minutes but less than 8 hours, 8 minutes | 32 units |
| At least 8 hours, 8 minutes but less than 8 hours, 23 minutes | 33 units |
| At least 8 hours, 23 minutes but less than 8 hours, 38 minutes | 34 units |
| At least 8 hours, 38 minutes but less than 8 hours, 53 minutes | 35 units |
| At least 8 hours, 53 minutes but less than 9 hours, 8 minutes | 36 units |
| At least 9 hours, 8 minutes but less than 9 hours, 23 minutes | 37 units |

### 21.6.5 Excused Customer Absences and Holidays

The provider may be paid for excused customer absences if the reason for the absence involves the health and welfare of the customer. After the reason for the absence is discussed with the VR counselor or VR representative, the VR counselor or VR representative makes the final determination as to whether the absence qualifies as an excused absence. Excused absences must not exceed two consecutive days and three per month.

The provider must document excused absences in an interim meeting note and communicate them to the VR counselor by e-mail, fax, or telephone within one working day.

When a facility is closed within a customer's dates of service, VR does not pay the provider for that day or days.

### 21.6.6 Therapeutic Passes

A facility is not reimbursed for days when a customer is away from the facility where a therapeutic pass is not planned on the IPP or for more than three therapeutic passes per month.

### 21.6.7 Reporting

The provider must submit the VR Supplemental Billing Information Report detailing the actual services provided to customers for all PABI services invoiced for the month.

The VR Supplemental Billing Information Report must include all data elements required by VR. The VR counselor may provide the data in a format that is different from the supplemental data report template provided with VR approval, or the VR counselor may use the supplemental data report template for submission of the data.

The report must be submitted by close of business on the 15th day of the month following the month in which the services were invoiced (for example, October 15, 2115 for services invoiced from September 1, 2115 through September 30, 2115). Should the 15th day fall on a weekend or holiday, the report is due by close of business the following business day.

The provider must submit the report to the Supplemental Billing Mailbox using an encryption level that meets or exceeds VR standards.

## 21.7 Environment Standards

The standards in this section apply to residential and nonresidential facilities.

### 21.7.1 Accessibility

All services that VR purchases for its customers must be accessible.

Each provider that is subject to these standards must provide the results of a self-evaluation along with a written explanation, if necessary, of how its services will be accessible:

* before being approved to provide services to VR customers for the first time;
* before contract renewal;
* before being approved to provide services at a new address; or
* at the request of VR staff.

Self-evaluation materials are available at [Americans with Disabilities Act Checklist for Existing Facilities](http://www.adachecklist.org/checklist.html).

If VR receives a complaint about the accessibility of services, VR investigates to determine whether a violation of contract terms has taken place.

The Architectural and Transportation Barriers Compliance Board has issued Americans with Disabilities Act (ADA) Accessibility Guidelines (ADAAG) that must be followed during the design, construction, and alteration of buildings and facilities covered by Titles II and III of the ADA. The US Department of Justice has adopted these guidelines as Appendix A to its ADA Title III rules. These guidelines are published on the United States Access Board's [ADA Standards](http://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/ada-standards) page.

To obtain a copy of ADAAG or other information from the US Department of Justice, call 800-514-0301 or 800-514-0383 TTY. For technical questions, contact the Architectural and Transportation Barriers Compliance Board at 800-USA-ABLE (800-872-2253).

In addition, the Texas Department of Licensing and Regulation administers the state Elimination of Architectural Barriers Act, Texas Government Code, Chapter 469. The [Texas Accessibility Standards (TAS)](http://www.tdlr.texas.gov/ab/abtas.htm) are based on the ADAAG standards and apply to buildings and facilities constructed on or after April 1,1994.

### 21.7.2 Safety Program Description

The provider must identify an individual or individuals to constitute the governing body of the facility. The governing body exercises general policy, budget, and operating direction over the facility.

The provider's facility must be in compliance with all applicable provisions of federal, state, and local laws, regulations, and codes pertaining to health, safety, and sanitation. The provider must have a plan that ensures continuing attention to the safety and health of the staff, the customers, and the visiting public. The plan must include:

* quarterly fire drills for each shift of personnel;
* procedures to be followed during emergencies and disasters (that is, fire, severe weather, and missing clients);
* emergency exit diagrams;
* procedures for getting emergency medical services from a doctor, hospital, or emergency medical service unit; and
* special procedures for customers with disabilities who require attention or action, including those whose behavior may be detrimental to the health, safety, or successful program achievement by themselves or others.

The provider must have an incident reporting system in place, including a form for staff to report incidents.

The information on the incident report form must include:

* the date, time, and place of the incident;
* the nature of incident;
* the names of VR customers, witnesses, or others involved;
* the name of the individual making the report;
* a description of the incident; and
* the actions taken and planned by the provider because of the incident.

Upon request, the provider must make copies of incident reports that concern customers available to agency staff.

The following incidents must be reported to the referring VR counselor and liaison counselor by close of business the next working day:

* The use of Emergency Medical Services
* Emergency room treatment
* Allegations of abuse, neglect, or exploitation involving a VR customer
* Injuries involving a VR customer
* Hospitalization
* Death

### 21.7.3 Provider Vehicles

The provider must ensure that transportation is safe and accessible. Access to transportation must be available in accordance with the ADA and with all applicable state laws. Each vehicle used to transport customers must have:

* appropriate inspections and liability insurance;
* a working safety belt for each passenger;
* a first aid kit;
* a working heating and air-conditioning system; and
* a working ABC fire extinguisher. (The Class ABC fire extinguisher can be used on three kinds of fires: Class A (ordinary combustibles such as wood or paper), Class B (flammable liquid fires such as grease or gasoline), and Class C (electrical fires).

The [Federal Transit Administration](http://www.fta.dot.gov/) in Washington, DC, has information about transportation accessibility, including small passenger-vans. Contact the administration at 888-446-4511 or 800-877-8339 (TDD/Relay).

### 21.7.4 Building Occupancy Codes

Environmental safety must comply with local building occupancy codes, the ADA, National Fire Protection Association codes, and all applicable state laws and standards. The provider must provide documentation of compliance to VR at the time of the original approval and whenever location of services changes. Renters should contact their landlords to get such documentation. A certificate of occupancy from the local municipality is also required.

## 21.8 Allegations or Incidents of Abuse, Neglect, or Exploitation of Persons with Disabilities

### 21.8.1 Overview

Texas law requires that the provider report immediately all allegations or suspected incidents of abuse, neglect, or exploitation of individuals with disabilities to the appropriate investigatory agency, or, if taking place at other than a residential situation, the local law enforcement agency. If a licensed professional is involved, the provider reports to the appropriate professional licensure agency and the local law enforcement agency.

The provider must develop policies and procedures regarding the recognition and appropriate reporting of such allegations or incidents. If a customer is involved in an allegation of abuse, neglect, or exploitation, the appropriate VR counselor and the liaison counselor must be notified within one working day. The appropriate investigating agency's toll-free number and the VR liaison counselor's office number must be posted in a location that is readily accessible to customers and to the staff.

### 21.8.2 Reporting Procedure

Upon notification of abuse, neglect, or exploitation allegations that involve a VR customer, the provider's facility must cooperate with VR staff with respect to providing information about the incident. The following documents must be provided to the designated VR staff as they become available:

* The incident report
* Progress notes regarding the incident
* Medical assessments
* A copy of the IPP
* A copy of meeting notes related to incident
* The facility investigation report with supporting documentation
* Verification that a report that included the intake number was made to the proper regulatory agency, as applicable
* A copy of the regulatory agency incident investigation report upon completion, as applicable
* A copy of a deficiency report in conjunction with the investigation report, as applicable

### 21.8.3 TWC Vocational Rehabilitation Service Phone Number

Facility-based providers must post the TWC telephone number for questions and complaints, 800-252-3642, or the Client Assistance Program telephone number, 800-252-9108.

### 21.8.4 Grievance Procedure

A written grievance procedure for customers must be distributed and explained to customers and staff.

### 21.8.5 Ombudsman Process and Assisted Living Facilities and Nursing Facilities

Information about the role and purpose of the ombudsman, as well as contact information, must be posted in a public area where residents and visitors can read it.

## 21.9 Admission Policies and Procedures

Providers are required to have written criteria and procedures for admission. These criteria and procedures do not release the provider from the obligation to obtain consent from the customer and/or guardian regarding the use of restrictive procedures or behavior modification plans. Admission criteria and procedures must be communicated clearly to VR counselors.

Providers are encouraged to develop a referral form for VR counselors to use. The form should list available services and admission criteria, and it should capture information that the provider requires before the customer is admitted.

### 21.9.1 Referrals to Vocational Rehabilitation

Providers may refer an individual to the VR program for services. It is important to understand and make clear to the individual being referred that the VR counselor determines eligibility for services and that the VR counselor and customer, having informed choices, jointly:

* develop an IPP;
* choose the services necessary to meet the customer's goals and objectives; and
* choose the providers of the planned services.

### 21.9.2 Intake Process

The intake process must orient the customer to the provider's program of services. This includes physical arrangements, expectations of the customer (such as attendance and hygiene), and what the customer may expect to receive from the program.

### 21.9.3 Customer Information

Providers must inform the customer about his or her responsibilities, safety concerns, and other matters of importance. This information can take the form of a brochure, manual, or fact sheet. Providers must explain all program rules or "house rules" to the customer, and the customer must consent to all the rules.

## 21.10 Services

Providers must ensure that appropriate assessment and planning policies and procedures are in place so that each customer achieves maximum benefit from the PABI program.

For any of the following services, providers use the links below to the section of the Standards for Providers manual that defines the scope, services, fees, and staff qualifications. The Community Rehabilitation Program must have the service listed in the bilateral contract to provide the service to any customer.

The services below are not included in the PABI services:

* Job Placement Service
* Job Skills Training (Job Coach)
* Personal Social Adjustment Training
* Supported Employment Services
* Supported Self-Employment Services
* Vocational Adjustment Training for Work Readiness Services
* Vocational Evaluation
* Work Adjustment Training
* Work Experience Services

### 21.10.1 Overview, Assessment, and Planning

The IDT must prepare an IPP that includes opportunities for customer choice and self-management and identifies:

* the discrete, measurable criteria-based objectives that the customer is to achieve; and
* the specific individualized program of specialized and generic services, supports, and techniques to be employed.

The IPP must be directed toward the development of the behaviors that the customer must have to function with as much self-determination and independence as possible. Additionally, the IPP must be directed toward preventing or slowing regression and preventing the loss of current optimal functional status.

Each customer must receive a continuous program of needed interventions and services in sufficient intensity and frequency to support the achievement of IPP objectives.

Except for those facets of the IPP that must be implemented only by licensed personnel, each customer's IPP must be implemented by all staff working with the customer, including professional and paraprofessional staff. All those involved in the customer's care must work together to provide a uniform, consistent approach to implementation of the IPP.

Accurate, measurable, functional data about the customer's progress or lack of progress toward meeting the IPP objectives serve as the basis for revision to the program. At least monthly, the IPP is reviewed by the IDT for relevancy and is updated and revised as needed.

### 21.10.2 Individualized Program Plan Development

The IDT meets after the assessment is completed but no later than 30 days after a customer's admission to the program. This meeting is held to develop the IPP.

The IPP is based on the findings of the assessment and must address all deficit areas noted therein. All planned and needed services must be documented in the IPP. All IDT members must participate in the IPP development, which must be documented by attendance sheets with signatures.

Note: "Participate" means to provide input through whatever means is necessary to ensure that the customer's IPP is responsive to the customer's needs. The IDT process is designed to allow team members to review and discuss information and recommendations relevant to the customer's needs and to reach decisions as a team, rather than individually, about how best to address those needs.

### 21.10.3 Post-acute Brain Injury Service Arrays

#### 21.10.3.1 Post-acute Brain Injury Services

Post-acute Brain Injury (PABI) services are provided as recommended by an interdisciplinary team to address deficits in functional and cognitive skills based on individualized assessed needs. Services may include behavior management, the development of coping skills, and compensatory strategies. These services may be provided in a residential or nonresidential setting.

#### 21.10.3.2 PABI Services—Residential

For a detailed list of residential services, see PABI—Residential Services.

#### 21.10.3.3 PABI Services—Nonresidential

For a detailed list of nonresidential services, see Post-Acute Brain Injury (PABI)—Nonresidential Services.

### 21.10.4 Exception Process

If services are medically necessary for rehabilitation purposes (that is, not acute medical conditions) and are not included as a core or ancillary service, a formal request process must be followed before services may be provided to VR customers.

|  |  |  |
| --- | --- | --- |
| **Step** | **Issue and Action** | **Notes** |
| 1 | The interdisciplinary team must identify a need for a service or therapy that is not offered in the applicable VR service array. | Need is based on medical assessment. |
| 2 | The case manager provides the VR counselor with a written request for the service. | The request for service must include:   * supporting medical documentation and assessments to demonstrate the need for the service or therapy; and * the proposed service codes that will be used for billing purposes. |
| 3 | The VR counselor communicates to the provider the decision after coordination with the VR central office program specialist. | If more information is needed for a decision, a VR representative contacts the facility. |

### 21.10.5 Assessment

IDT staff, as appropriate, assesses a customer's abilities and limitations in relation to that staff's area of expertise. The case manager writes a report of the assessments within 30 days of a customer's admission into the program. Each member of the IDT receives a copy of the report.

The assessment must address each of the following areas:

* Specific developmental strengths and customer preferences
* Specific functional and adaptive social skills that the customer should acquire
* Presenting disabilities and, when possible, their causes
* Need for services without regard to their availability
* Preauthorization of benefits
* Medical and/or physical history
* Nutritional status (Nutritional status includes determination of appropriateness of the customer's diet, adequacy of total food intake, and the skills associated with eating (including chewing, sucking, and swallowing disorders), food-service practices, and the ability to monitor his or her own nutritional status.)
* Social history
* Ability to self-administer medication
* Cognitive status
* Activities of daily living as follows:
  + Bathing and showering
  + Dressing
  + Self-feeding
  + Functional mobility
  + Personal hygiene and grooming
  + Toilet hygiene
  + Managing money
  + Shopping for groceries or clothing
  + Using the telephone or other form of communication
  + Using technology
  + Transportation within the community
* Mobility
* Behavior
* Communication
* Level of supervision required
* Avocational
* Ongoing support needs
* Access to public benefits, including the Supplemental Nutritional Assistance Program
* Initial discharge planning

### 21.10.6 Therapeutic Passes

A therapeutic pass is a planned activity for which the customer is away from the residential facility for an entire day up to 24 hours. The therapeutic pass must be planned and included in the IPP. The purpose of the therapeutic pass is to facilitate a customer's transition from the residential facility to the home and community. Staff from the residential facility is available to provide guidance and instruction—usually by phone—for a customer, a customer's family, or others while a customer is on a therapeutic pass. VR customers are allowed up to three therapeutic passes per month, with reimbursement to the facility at the contracted per diem rate.

### 21.10.7 Reports

The provider must provide a copy of the assessment report and the IPP to the VR representative within 10 working days of the IPP meeting. A copy is available to the customer and to the customer's representative. Results of the assessment and the IPP may be combined into a single report. This report is signed by all pertinent interdisciplinary team members. The provider must be able to verify by fax, e-mail, paper mail, or the VR representative's signature that the report was available to VR within 10 working days of the IPP meeting.

### 21.10.8 Individualized Program Plan Review

The goals and objectives on the IPP include long-term and short-term goals that are stated in measurable terms and that relate to increasing a customer's ability to live more independently.

The VR counselor and the customer's representative, if applicable, are notified at least one week in advance of the date, time, and location of the IPP review.

### 21.10.9 Monthly Interdisciplinary Team Meetings

The IDT meets formally at least monthly to:

* review a customer's progress in attaining the goals and objectives; and
* determine whether changes are needed to the goals and objectives, timelines, and individuals designated as responsible.

All members of the IDT routinely participate in this meeting, and their attendance must be documented. When available, the VR counselor, the customer, and/or the customer's legally authorized representative or advocate participate in this meeting.

The VR counselor, the customer, and/or the customer's legally authorized representative or advocate must be notified of the date, time, and location of this meeting at least one week in advance.

The IPP must be reviewed at each monthly meeting by the IDT and may be modified as necessary at that time.

Adjustments to the IPP, including discharge planning, are made as necessary.

The results of this meeting are documented in a written report, and a copy of the report is provided to the VR counselor within 10 working days after the meeting. A copy must be made available to the customer and/or the customer's representative.

The IDT may, in addition to the required monthly meeting and based on need, meet as frequently as prudent and necessary to maintain an effective treatment program.

### 21.10.10 Activity Schedules

A schedule of daily activities that address the goals in the IPP must be developed and made available to each customer. Copies of all schedules for each customer must be made available to VR counselors or monitors for review.

The activity schedule directs the intensity of the daily work of the customers in implementation of the IPP in both informal and formal training activities.

### 21.10.11 Behavior Management Plans

Behavior management plans are developed and monitored by licensed professionals or board-certified professionals. Plans may include therapeutic medication and interventions that include positive reinforcement, verbal cues, and rewards.

If restrictive procedures are used as a behavior modification technique:

* the provider's policies and procedures must clearly state when and how these are implemented; and
* for customers who are minors or individuals who are incapacitated as determined by a court, informed consent for use of restrictive programs, practices, or procedures must be obtained from the legal representative or parent, in accordance with state law, to act on behalf of the customer.

Permanent or as-needed programs to control inappropriate behavior are not permitted. All interventions addressing the control of inappropriate behaviors must be justified by the assessment and the current level of behavior.

A behavior management plan must be:

* developed and approved before it is implemented by the IDT;
* written in a manner that can be understood by the customer and staff;
* signed by a board-certified behavior analyst, licensed professional counselor, licensed clinical social worker, psychologist, or psychiatrist; and
* created as part of the IPP.

Use of chemical restraints to control inappropriate behavior must be:

* approved by the IDT;
* used only as an integral part of the customer's IPP that is directed specifically toward the reduction of and eventual elimination of the behaviors for which the drugs are employed;
* monitored closely in conjunction with the physician; and
* justified in that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the restraint. The physician and the IDT must monitor such chemical restraint programs closely for desired responses and adverse consequences.

### 21.10.12 Emergency Restrictive Procedures

"Emergency restrictive procedures" are defined as the use of the least restrictive procedures possible for the briefest time necessary to control severely aggressive or destructive behaviors that place the customer or others in imminent danger when those behaviors could not have been reasonably anticipated, and only as the procedures are necessary within the context of positive behavioral programming.

Each time a customer is restrained, a written report must document the details of the incident. This written report must be filed in the customer file maintained by the facility. Each report must be reviewed by the IDT at the next scheduled monthly team meeting to determine whether modifications to the treatment plan are needed.

### 21.10.13 Mental Restoration Services

Mental restoration services may be provided individually or in a group setting. A licensed clinical social worker, licensed professional counselor, licensed psychologist or psychiatrist, psychiatric-mental health clinical nurse specialist, psychiatric-mental health nurse practitioner, physician assistant, or licensed marriage and family therapist must recommend, prescribe, and provide mental restoration services.

### 21.10.14 Chemical Dependency Services

Chemical dependency services may be delivered only to customers who have a traumatic brain injury, either individually or in a group setting.

Chemical dependency services must be:

* provided based on assessed needs;
* developed and approved by the interdisciplinary team; and
* a part of the IPP.

## 21.11 Vocational Rehabilitation Customer Outcomes

Results of customer outcomes will be used to measure progression or regression in relation to customer rehabilitation.

### 21.11.1 Post-acute Brain Injury

All providers of VR residential or nonresidential PABI services must administer Mayo-Portland Adaptability Inventory (MPAI-4) surveys and/or Functional Independence Measure (FIM) scores on all VR customers. The test that will capture a customer's abilities most appropriately will be determined by the facility. The MPAI-4 or FIM test must be administered at the following times:

* Admission
* Discharge
* Six months after discharge (when possible), with documented effort to obtain the score

## 21.12 Discharge and Termination

The provider must develop and establish policies and procedures with respect to customer discharge and termination.

### 21.12.1 Discharge Summary

The provider must develop a discharge summary for each customer and provide a copy to the VR representative within 10 business days of services being completed or terminated.

The discharge summary must include:

* the strengths, abilities, needs, and preferences of the customer;
* the goals established in the IPP;
* the services provided, and the relationship to the status of each goal;
* the reason for discharge; and
* referrals and recommendations to help the customer maintain and/or improve functioning, and increase independence.

### 21.12.2 Termination from Program

The provider must inform the VR counselor that a customer's services are being terminated before the termination takes place. The provider must document that he or she informed the counselor of termination of services to a customer. Additionally, the provider must follow state and federal requirements as applicable to the license or certification relating to discharge procedures.

Some reasons for termination are:

* behaviors dangerous to self or others;
* no progression toward rehabilitation goals; or
* refusal to participate in services.

## 21.13 Customer Satisfaction

Customer satisfaction measures input from customers about benefits received from services.

Each facility may develop its own survey instrument and procedure. However, at a minimum, the survey instrument must include the following prompt:

Using the Likert scale in the table below, rate the following statements:

1. I was treated in a friendly, caring, and respectful manner by the staff of [insert provider name].
2. Services were provided in a timely manner.
3. The services met my needs.
4. I was satisfied with the services provided.

### Likert Scale

|  |  |
| --- | --- |
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |

The provider must give all customers, both successful and unsuccessful, an opportunity to respond to the survey upon discharge from the VR program. The provider must keep in the customer's file all attempts to get the responses to the customer satisfaction survey. The VR program may request the responses from the facility every six months.