

1 **Employment Supports for Brain Injury Services**  
2 **Discussion Paper**

3 **Background**

4 Section 361.50 of the Vocational Rehabilitation (VR) regulations in 34 Code of Federal  
5 Regulations (CFR) requires states to develop and maintain written policies covering the nature  
6 and scope of each of the VR services specified in 34 CFR §361.48. As appropriate to the VR  
7 needs of each individual and consistent with each customer’s individualized plan for  
8 employment (IPE), per 34 CFR §361.48(b), states must ensure that certain VR services are  
9 available to assist the individual in preparing for, securing, retaining, advancing in, and/or  
10 regaining an employment outcome that is consistent with the individual’s strengths, resources,  
11 priorities, concerns, abilities, capabilities, interests, and informed choice. Under 34 CFR  
12 §361.48(b)(6), these required VR services include vocational and other training services,  
13 including personal and vocational adjustment training.

14 **Issue**

15 The Texas Workforce Commission’s (Commission) Vocational Rehabilitation Division has  
16 identified that customers with the most significant brain injuries achieve lower positive outcomes  
17 than VR customers with other primary disabilities. In early 2018, the Commission held a series  
18 of public meetings around the state and invited comment on brain injury services. The VR  
19 Division has since conducted a thorough review that included evaluation of existing services,  
20 identification of service delivery models in other states, and feedback from a broad group of  
21 internal and external stakeholders. The result of this review is the development of a proposed  
22 model for effective service delivery for people with brain injury. The model will require  
23 conforming revisions to policies, procedures and provider standards, as well as the development  
24 of additional staff expertise. The new service delivery model, Employment Supports for Brain  
25 Injury (ESBI) is designed to replace the previous Post-Acute Brain Injury (PABI) service  
26 delivery model and enhance focus on employment outcomes.

27 The application and service delivery process for people with brain injury still follows the  
28 established VR process, but includes new resources, tools and service arrangements to ensure  
29 that VR services are appropriately customized to meet the needs of an individual with brain  
30 injury. ESBI integrates therapeutic services with development of strategies the customer will use  
31 in the community and employment environments. These strategies are essential pre-employment  
32 skills and are best obtained by learning and applying them in the community and in a variety of  
33 employment environments. Due to the complexity of customers’ needs, revised fees were also  
34 necessary to support the customized services and required staff and provider credentials. The  
35 proposed ESBI model is designed to ensure that customers receive the kinds of services and  
36 therapeutic interventions necessary to engage in employment when prepared to do so.

37 **Decision Points**

38 Staff seeks direction on revising VR policy and standards for providers to align with the  
39 proposed ESBI model as follows:

- 40 • Provide clarification and additional guidance on the most effective way to apply trial work  
41 experiences to assist the VR counselor in understanding whether the customer is ready to  
42 benefit from services.

- 1 • Provide instruction to staff about consulting with the specialized medical consultant before  
2 eligibility is finalized to assess whether the prognosis for the customer is consistent with the  
3 potential for the customer to engage in competitive integrated employment.
- 4 • Revise policy and standards to provide instructions and guidance on ESBI, which will be  
5 offered to those customers who need day or residential services to meet their needs for  
6 obtaining and/or maintaining employment.
- 7 • Within ESBI, provide guidance on processes that coordinate an interdisciplinary team  
8 approach, which includes the VR counselor, to assist in measuring progress related to  
9 vocational skills and employment readiness. As soon as the customer has achieved the  
10 strengths and strategies to participate in therapeutic activities in the community, the process  
11 begins to transfer into an employment experience.
- 12 • Provide guidance to staff on using existing employment services and rates such as Vocational  
13 Adjustment Training, Work Experiences, Job Skills Training, Job Placement, On-the-Job  
14 Training, and Supported Employment to engage BI customers in permanent competitive  
15 integrated employment.
- 16 • Issue a new open enrollment in summer 2019 with contracting options for vendors that meet  
17 the criteria for provision of ESBI with or without Employment Services.
- 18 • Establish requirements for provider staff skills and knowledge regarding service customers  
19 with a BI and implement a BI endorsement credential. A premium payment is also proposed  
20 in addition to a base service rate for Employment Services to encourage providers to develop  
21 the necessary specialization to serve customers with BI and to address the additional cost to  
22 providers of maintaining credentialed staff and providing a specialized service. The premium  
23 payment will be applied when a credentialed provider staff member provides services for  
24 individuals with BI. Rates are described in Table 1, Premium Payments. The proposed  
25 premium payments are aligned with current TWC-VR employment services rates and  
26 premium payments, we also developed a premium to encourage providers to expand their  
27 expertise in brain injury and to engage in employment services with their traditional  
28 therapies.
- 29 • Issue an open enrollment offering for the enrollment of two medical consultants. These  
30 consultants may be either a neuropsychologist or a physical medicine and rehabilitation  
31 specialist; they will provide consultation specific to BI to help staff members make better  
32 decisions about BI customers.
- 33 • Establish the maximum rate for nonresidential and residential ESBI services as published by  
34 HHSC for CRS. When recommending rates, as much as is feasible, TWC VR recommends  
35 Commission adoption of rates established by authoritative sources using rigorous rate setting  
36 methodologies. The HHSC Rate Analysis Department (RAD) engages in a rigorous process  
37 and methodology for establishing rates, including those for HHSC CRS. The rates for CRS  
38 include the medical and support services also included in VR brain injury services. The key  
39 distinction is the setting and employment-related focus of TWC brain injury services, which  
40 is still consistent with the range of services offered under the included therapies and supports.  
41 Those treatment methods not generally a part of vocational recovery (e.g. equine therapy)  
42 were removed from the proposed ESBI rates proposed for Commission approval. The HHSC  
43 CRS rates are developed using complex formulas that include Medicare and Medicaid rates,  
44 as well as common rates paid by HHSC, the Texas Department of Aging and Disability  
45 Services (DADS), other states' Medicaid programs, and commercial insurance companies.

1 VR staff narrowed the proposed list of services and associated rates in the HHSC CRS rate tables  
 2 to align with the employment focus required for VR service. Any services that were not geared  
 3 toward an employment outcome were not included in the list of services that VR will purchase as  
 4 part of the proposed ESBI model. Rates are described in Table 3, Case Management Fee, and in  
 5 Table 4, Residential Base Rate.

6 Table 1 Premium Payments

| <b>Premium Payments</b>  | <b>Code</b> | <b>Rates</b>                   |
|--|-------------|--------------------------------|
| Licensed and Certified Professional, as described in VR Standards for Providers, Chapter 21: Employment Supports for Brain Injury, 21.2.1 Licensed and Certified Professional, who is a certified brain injury specialist (CBIS) | 17001       | \$2.19 per 15-minute increment |
| Community-Based Service  | No data     | \$3.96 per 15-minute increment |
| Transportation cost that is related to all core services delivered within the community-based service area within a 24-hour day.   | 23001       | \$47.08 per day                |

7  
 8 Table 2 Nonresidential Rate Structure

| <b>Core Services (rates set in 15-minute increments)</b> | <b>Code</b> | <b>Rates</b> |
|--|-------------|--------------|
| Behavior Management Individual                           | 03001       | \$28.31      |
| Cognitive Rehabilitation Therapy Individual              | 05001       | \$29.03      |
| Cognitive Rehabilitation Therapy Group                   | 05004       | \$5.81       |
| Cognitive Rehabilitation Therapy Small Group             | 05005       | \$14.51      |
| Neuropsychological Services Individual                   | 11001       | \$32.61      |
| Neuropsychological Services Evaluation                   | 11002       | \$48.15      |
| Neuropsychological Services Reevaluation                 | 11003       | \$21.95      |
| Neuropsychological Services Group                        | 11004       | \$6.52       |
| Neuropsychological Services Small Group                  | 11005       | \$16.31      |
| Occupational Therapy Individual                          | 12001       | \$34.38      |
| Occupational Therapy Evaluation                          | 12002       | \$33.24      |
| Occupational Therapy Reevaluation                        | 12003       | \$31.32      |
| Occupational Therapy Group                               | 12004       | \$6.88       |
| Occupational Therapy Small Group                         | 12005       | \$17.19      |
| Physical Therapy Individual                              | 13001       | \$29.25      |
| Physical Therapy Evaluation                              | 13002       | \$45.01      |
| Physical Therapy Reevaluation                            | 13003       | \$43.25      |
| Physical Therapy Group                                   | 13004       | \$5.85       |

| <b>Core Services (rates set in 15-minute increments)</b>                   | <b>Code</b> | <b>Rates</b> |
|--|-------------|--------------|
| Physical Therapy Small Group   | 13005       | \$14.62      |
| Recreational Therapy Individual  | 14001       | \$31.17      |
| Recreational Therapy Group   | 14004       | \$6.23       |
| Recreational Therapy Small Group   | 14005       | \$15.59      |
| Speech/Language Pathology Individual                                       | 15001       | \$27.81      |
| Speech/Language Pathology Evaluation                                       | 15002       | \$40.24      |
| Speech/Language Pathology Reevaluation                                     | 15003       | \$33.81      |
| Speech/Language Pathology Group  | 15004       | \$5.56       |
| Speech/Language Pathology Small Group                                      | 15005       | \$13.90      |
| Community Independence Supports – Certified Brain Injury Specialist (CBIS) |             |              |
| Certified Brain Injury Specialist (CBIS) individual                        | 17001       | \$8.75       |

- 1
- 2 Licensed and certified professionals may bill one 15-minute increment for attendance of a
- 3 customer’s Initial Assessment and Evaluation Plan (IAEP) or monthly Individualized Program
- 4 Plan (IPP).

5 Table 3 Case Management Fee

| <b>Case Management</b>   | <b>Frequency</b>   | <b>Code</b> |
|--|--|-------------|
| Facilitation of the Evaluation Plan Meeting and Associated Reports | <ul style="list-style-type: none"> <li>• 1 time per admission</li> <li>• Maximum fee allowed is \$400.16.</li> </ul>       | 16001       |
| Coordination of Initial Evaluation and Associated Reports          | <ul style="list-style-type: none"> <li>• 1 time per admission</li> <li>• Maximum fee allowed is \$400.16.</li> </ul>       | 16001       |
| Coordination of Initial IPP and Associated Reports                 | <ul style="list-style-type: none"> <li>• 1 time per admission</li> <li>• Maximum fee allowed is \$400.16.</li> </ul>       | 16001       |
| Coordination of Monthly IPP Reviews and Associated Reports         | <ul style="list-style-type: none"> <li>• 1 time per month</li> <li>• Maximum fee allowed per month is \$400.16.</li> </ul> | 16001       |
| Coordination of Discharge Summary and Associated Reports           | <ul style="list-style-type: none"> <li>• 1 time per admission</li> <li>• Maximum fee allowed is \$400.16.</li> </ul>       | 16001       |

6 Table 4 Residential Base Rate

| <b>Rate Description</b>                       | <b>Amount</b>   |
|---|-----------------|
| <b>Residential Base Rate</b> (1 time per day) | <b>\$236.09</b> |

7

1 Table 5 Core Services Hour Description

| Core Services Hour Description  | Core Services Tier Rate | Therapy Evaluation Per Diem |
|---|-------------------------|-----------------------------|
| Greater than 0 but less than 1 hour of core services  | \$70.08                 | \$3.48                      |
| Greater than or equal to 1 hour per day but fewer than 2 hours per day, not exceeding 7 hours per week of core services   | \$210.24                | \$3.48                      |
| Greater than or equal to 2 hours per day but fewer than 3 hours per day, not exceeding 14 hours per week of core services | \$350.40                | \$3.48                      |
| Greater than or equal to 3 hours per day but fewer than 4 hours per day, not exceeding 21 hours per week of core services | \$490.56                | \$3.48                      |
| Greater than or equal to 4 hours per day but fewer than 5 hours per day, not exceeding 28 hours per week of core services | \$630.72                | \$3.48                      |
| Greater than or equal to 5 hours per day but fewer than 6 hours per day, not exceeding 35 hours per week of core services | \$770.88                | \$3.48                      |
| Greater than or equal to 6 hours per day but fewer than 7 hours per day, not exceeding 42 hours per week of core services | \$911.04                | \$3.48                      |
| Greater than or equal to 7 hours per day but fewer than 8 hours per day, not exceeding 49 hours per week of core services | \$1,051.20              | \$3.48                      |
| Greater than or equal to 8 hours per day but fewer than 9 hours per day, not exceeding 56 hours per week of core services | \$1,191.36              | \$3.48                      |

2 Licensed and certified professionals may bill one 15-minute increment for attendance of a  
 3 customer’s IAEP or monthly IPP.

4 **Rehabilitation Council of Texas**

5 RCT made the following recommendations to the ESBI policy and VR standards:

- 6 • Change the name of the proposed model from the initially proposed name of  
 7 Cognitive Rehabilitation Employment Supports (CRES) to avoid confusion with  
 8 HHSC Comprehensive Rehabilitation Services (CRS);
- 9 • Insert additional language to address inform customer choice;
- 10 • Clarify what type of customer illness which the brain injury facility will be  
 11 responsible; and
- 12 • Clarify that the VR counselor makes the determination of eligibility for VR services.

13  
 14 VR agrees with the recommendations and incorporated the feedback into the ESBI policy  
 15 and VR standards revisions.

16  
 17 RCT made the additional recommendations to include in VR standards legal requirements for  
 18 the use of restraints and decrease time progress reports from weekly to twice a month.

19 VR’s response:

- 20 • Rehabilitation facilities have a variety of licensures with differing requirements for  
 21 the utilization of restraints. While VR maintain reporting requirements for any kind  
 22 of incident, accident or otherwise, each specific licensure’s regulatory agency is  
 23 responsible for monitoring for compliance. VR monitors include the logs for any  
 24 incidents reported to the regulatory agencies as well.

1  
2  
3  
4  
5  
6  
7

- In the past, VR have had issues identified through monitoring that requires some vigilance to not only ensure customer progress, but that VR funds are spent effectively. As a result, VR find the weekly time logs are a necessary component of weekly schedules and therapy reports. Providers are paid for case management services monthly that includes the development, coordination and distribution of the reports.