

## **9.00 COMPARABLE SERVICES AND BENEFITS**

### **Definition**

Comparable services and benefits refer to any appropriate service, financial benefit or assistance available to a consumer from a program other than VR to meet, in whole or in part, the cost of vocational rehabilitation services.

### **Purpose**

Before CBVH provides any vocational rehabilitation services, the counselor must determine whether comparable services or benefits are available under any other programs to meet the cost of such services. This will enable a larger number of individuals to be served and ensure that a larger portion of CBVH funds will be available to purchase only those VR services which cannot be obtained through any other resources.

### **Policy**

It is the policy of CBVH to

1. give full consideration to any comparable service or benefit to meet in whole or in part, the cost of selected VR services except where such consideration would:
  - a. interrupt or delay progress of an individual toward their goal
  - b. interrupt or delay an immediate job placement.
  - c. interrupt or delay the provision of services to someone at extreme medical risk.
2. utilize available comparable services and benefits when available within a reasonable period. If the comparable services or benefits are not available within a reasonable period of time, CBVH will provide those services until those comparable services or benefits become available.

### **Extreme Medical Risk**

Extreme medical risk means a probability of substantially increasing functional impairment or death if medical services, including mental health services, are not provided expeditiously.

### **Services Which Are Exempt from Full Consideration**

Certain services are exempt from a full consideration of comparable services and benefits during the course of vocational rehabilitation and during the provision of post-employment services. These exempted services are:

1. assessment for determining eligibility;
2. assessment for determining vocational rehabilitation needs;
3. counseling and guidance including information and support services to assist individuals in exercising informed choice;
4. referral and other services to secure needed services from other agencies;
5. job-related services, including job search and placement assistance, job retention, follow-up and follow-along services;
6. training in institutions of higher education; and
7. rehabilitation technology including telecommunications, sensory and other technological aids and devices (except when covered by Medicaid, Medicare or private health insurance).

### **Counselor Responsibility**

It is the responsibility of the counselor to fully explore with the individual, his/her eligibility for specific comparable services and benefits.

### **When to Initiate an Exploration of Comparable Services and Benefits**

An exploration of comparable services and benefits is to be initiated when an individual is in applicant status (Status 02). The exploration of comparable services and benefits is a fluid process occurring continuously throughout the VR process.

### **Full Consideration - Counselor's Role**

Giving full consideration to a comparable service or benefit requires the counselor to:

1. acquire knowledge of the eligibility criteria and services available from comparable service or benefit sources.
2. assess with the individual the appropriateness and availability of specific comparable services or benefits.

In order to maximize the use of comparable services and benefits, counselors, when appropriate, may take the following actions:

1. assist the individual in preparing referral information
2. initiate contact with comparable service and benefit sources
3. arrange appointments for the individual, if he/she requires such assistance

4. accompany the individual to apply for comparable services and benefits
5. follow-up on contacts

**Note**

Although these activities may be performed by the counselor, the individual should be encouraged to accept responsibility for as many actions as possible.

**Full Consideration - Consumer's Role**

Eligible individuals are required to apply for and accept those comparable services and benefits to which they are entitled when such services are adequate for the achievement of their vocational goal.

Giving full consideration to a comparable service or benefit requires the eligible individual to:

1. apply to comparable service or benefit programs.
2. use comparable services or benefits which are available to him/her and which are adequate to meet the rehabilitation objectives of the IPE.

**Rule**

CBVH cannot provide selected services using VR funds for an individual who:

1. refuses to apply for services or benefits for which she/he may be eligible, or
2. refuses to accept a comparable service or benefit which is available and adequate to meet the intermediate rehabilitation objectives of the IPE.

**Record of Services Documentation Requirements**

Documentation of comparable services and benefits in the record of services will include the following:

1. documentation of the initial discussion of comparable services and benefits with the individual
2. documentation of the individual's eligibility/ineligibility for the comparable services and benefits explored
3. written justification for not utilizing a potential comparable service or benefit

Examples of such justification may be that the benefit:

- a. cannot accommodate the physical or mental impairments of the individual
- b. would cause an interruption in the flow of services as planned in the IPE that would jeopardize the achievement of the vocational goal
- c. is inaccessible due to its location.

### **Comparable Benefits for Post-Secondary Education**

Maximum effort must be made to secure grant assistance for individuals attending institutions of higher education. Eligibility for the PELL program, TAP award, and other appropriate programs must be fully considered prior to expenditure of VR funds for higher education costs. Awards or scholarships based on merit are not considered comparable benefits.

Counselors should inform individuals that they cannot be denied equal consideration for scholarships or endowment programs on the basis of CBVH funding.

#### ***Note***

To avoid unnecessary authorization of funds, counselors are encouraged to find out the exact amount of a grant award prior to authorizing a voucher.

When verification of receipt of a grant award for higher education is received by the counselor and the award amount is unknown, the counselor can authorize a voucher for the cost of the service and deduct an estimated amount for the award.

When necessary to prevent delay of service, a voucher for the full cost of the service can be authorized. However, the award amount must be deducted from the voucher prior to payment.

### **Role of VR Agencies and First Dollar Conflicts**

While VR agencies have historically functioned as the core service delivery network to individuals with disabilities, we are also required, under comparable service and benefit legislation, to seek out resources of other programs, such as Medicaid, prior to expenditure of funds. However, many of these other government programs (again using Medicaid as an example) are required to exhaust all other sources of payment prior to providing benefits. There are some discrepancies among state, federal and local interpretations of legislation which can be alleviated through use of cooperative agreements. Where there is no such agreement with an agency, the use of funds will be determined on a case-by-case basis.

### **Cooperative Arrangements**

Cooperative working arrangements can help streamline the application or eligibility

determination process for comparable services and benefits. CBVH has cooperative working arrangements with several agencies where there is some defined overlap in terms of responsibilities and service objectives. These agencies are:

1. Medicaid
2. VESID Reader's Aid Program
3. NYS Department of Labor

### **Cooperative Agreement with Medicaid**

In August, 1995, CBVH signed a cooperative agreement with the Department of Social Services, Division of Health and Long Term Care which is responsible for administering Medicaid program policy. Under this agreement, Medicaid is responsible for all Medical Assistance reimbursable expenditures, including low vision exams and low vision aids, for all individuals eligible for services through both the Medical Assistance and CBVH programs. Please note that the Medicaid Fee Schedule for low vision aids covers only a limited number of low vision devices.

### **Comparable Benefits for Low Vision Rehabilitation**

A full consideration of available comparable benefits should be made when authorizing low vision rehabilitation services. See page 8.10.05, Low Vision Rehabilitation Services, Comparable Benefits. Any applicable Medicare, Medicaid or private medical insurance benefits should be billed by the provider and utilized before CBVH processes a voucher for low vision rehabilitation services. All authorizations for low vision services must include the statement "Less any third party insurance reimbursement".

### **Eligibility for Medicaid, Medicare or Private Health Insurance**

Individuals who are SSI recipients or who receive temporary assistance are usually eligible for Medicaid benefits. Individuals who have been on SSDI for more than two years or who are over age 65 are eligible for Medicare benefits. Under certain conditions, persons who are disabled before age 22 can receive Medicare benefits.

Some individuals qualify for both Medicaid and Medicare. The VR Counselor should determine if the individual has Medicare, Medicaid or other third party health insurance benefits at the time of the initial interview or when planning specific services. The individual should be able to show a Medicaid, Medicare, or private health insurance card to verify that benefits are available.

### **Plan for Achieving Self-Support (PASS)**

The Plan for Achieving Self-Support (PASS) is an income and resource exclusion device available under the Supplemental Security Income (SSI) program.

Supplemental Security Income is a needs-based program which individuals who are legally blind may qualify for when they are unable to work and/or have limited income and resources.

The PASS plan allows an SSI applicant or recipient to shelter or exclude income or resources that would otherwise be counted in determining SSI eligibility when the money set aside is used toward a designated occupational goal. The PASS enables the individual to achieve some vocational objective and gain an income to become self-supporting. The PASS allows the participant to purchase goods and services related to the vocational objective through the use of the extended income and resources. The excluded income and/or resources can be used for practically any purpose related to the occupational objective.

The PASS plan must be in writing and must contain:

- a. a clear and realistic work goal;
- b. the amount and sources of income or resources that will be set aside;
- c. a list of items or activities describing how the money will be spent; and
- d. a specific period of time, usually 18 months (but may be extended up to 48 months), for achieving the goal.

The PASS must be approved by the Social Security Administration. VR Counselors can assist individuals in developing PASS plans as a comparable benefit for those services are not covered by VR or can refer individuals to community resources, such as independent living centers, that may provide this type of assistance.

PASS plans are not to be used routinely as a comparable benefit, especially since these resources will not usually be available at the time needed to meet the intermediate rehabilitation objectives in the IPE. However, the resources created by PASS plans can be very valuable in purchasing those goods or services that are not covered by the vocational rehabilitation program, but contribute to the rehabilitation outcome.