

**Authorization for Services, Financial Participation Determination,  
Comparable Services and Benefits, Third Party Payers  
Chapter 9**

9.00 **Request for Approval.** Certain services require approval before they can be provided to applicants or eligible individuals [See Chapter 15].

9.01 **Authorization for Services**

1. DVR's highest allowable fee for health care services is the amount payable for such services in Florida under the Medicare Part B system. VR's highest allowable fee for hospital inpatient services is the fee-for-service amount based on the Florida Diagnosis Related Group (DRG) rates. In setting its highest allowable fee for all other services, VR shall ensure such fee is not set so low as to deny individuals the right to make informed choices among service providers.
2. DVR shall not pay for goods or services unless such goods or services are listed in the IPE or amendment thereto or are part of the assessment for determining eligibility and vocational rehabilitation needs, and:
  - a. The goods or services were authorized in writing by VR prior to the time they were provided; or
  - b. The goods or services were provided under emergency circumstances subsequent to verbal authorization by VR.
3. Exceptions:
  - a. DVR shall pay an amount based on prevailing market rates for necessary and customary services incidental to surgery, hospitalization or medical diagnosis when such services were not authorized at the time of authorization of a primary service.
  - b. DVR shall provide a written commitment letter for hospital inpatient services payable under the Florida Medicaid DRG method prior to delivery of those services. Upon receipt of a detailed invoice, DVR shall submit a written authorization to the hospital.
  - c. DVR shall provide a written commitment letter for hospital outpatient services prior to delivery of those services. Upon receipt of a detailed invoice, DVR shall submit a written authorization to the hospital.
  - d. Written commitment for contract services is considered to have been provided when a referral form is completed selecting the service(s) and provider. Written authorization shall be provided upon the receipt of the provider's invoice consistent with the terms of the contract(s).
4. Oral authorization in an emergency situation or for necessary support services is permitted but shall be documented and followed by written authorization by DVR to the provider within three (3) workdays or as soon thereafter as possible after such oral authorization.
5. DVR shall not be liable for services provided without oral or written authorization by a duly authorized employee of DVR.
6. In accepting the State of Florida authorization for services and payment for the provision for the specified goods or services, the vendor agrees to accept VR's portion of the payment. The individual's share of costs identified in the authorization and billing invoice will be paid to the vendor directly. DVR will not be responsible for debt incurred by the individual.
7. If an individual should not complete, for any reason, an authorized, paid service, the counselor shall request refund from the vendor.

8. Only those staff members authorized by the Unit Supervisor may utilize government or corporate accounts for purchase of goods and services. An approved Department of Education/Vocational Rehabilitation Services Authorization and Billing Invoice must be presented when purchasing goods or services on a government/corporate account.
9. The individual's record must contain the following documentation prior to payment for services:
  - a. determination of the availability of comparable services and benefits;
  - b. a written statement reflecting the individual's agreement to pay the difference between DVR's maximum allowed amount and the cost of the service when the customer has chosen to use a vendor that will not accept DVR's maximum allowed amount;
  - c. the individual's contribution toward payment for a service;
  - d. the request for approval with the final approval signature [Reference Chapter 15, Section 15.00];
  - e. a written verification from the individual's employer stating the specific goods or services, occupational licenses, tools, equipment, initial stocks and supplies necessary for the individual's employment [Reference Chapter 11, Sections 11.07 and 11.10 and Chapter 15, Section 15.03(9)];
  - f. the individual's approved business plan that includes the specific goods or services, occupational licenses, tools, equipment, initial stocks and supplies necessary for self-employment. [Reference Chapter 11, Sections 11.07 and 11.10 and Chapter 15, Section 15.03(7a)].

## 9.02 Financial Participation Determination ([Overview](#))

### 1. General Policy

- a. DVR considers the financial need of individuals to determine the extent of their participation in the costs of vocational rehabilitation services.
- b. If an individual or family member refuses to provide the information necessary to determine participation, or if the individual or family refuses to accept responsibility for their expected contribution, DVR cannot authorize services subject to financial participation.
- c. DVR strictly protects the confidentiality of all financial information obtained from the individual and family members. [Reference Chapter 2, Confidentiality & Release of Information].

### 2. Exempt Services

- a. Assessment for determining eligibility and vocational rehabilitation needs
- b. Vocational rehabilitation counseling and guidance
- c. Referral and other services to assist individuals in securing services from other agencies
- d. Job-related services including job search and placement assistance
- e. Personal assistance services
- f. Any auxiliary aid (e.g., communication boards, speech synthesizers, telephone handset amplifiers, TDDs) or service (e.g., interpreter services for individuals who are deaf or hard-of-hearing, reader services, communication assistance in the individual's native language)
- g. Supported employment services
- h. Trial work services
- i. On-the-job training
- j. Pre-Employment Transition Services

k. Vehicle Modifications

### 3. **Non-Exempt Services**

- a. Physical and mental restoration services
- b. Maintenance
- c. Transportation
- d. Services to family members
- e. Hearing Aids
- f. Home Modifications
- g. Occupational licenses, tools, equipment, stock and supplies
- h. Technical assistance for small business
- i. Vocational and other training services (e.g., tuition, books, supplies, fees)
- j. Other goods and services

### 4. **Financial Needs Assessment (FNA)**

DVR staff must:

- a. Explain financial participation during initial discussion of the VR program and during IPE planning.
- b. Complete a Financial Needs Assessment (FNA) at the time of initial IPE and review the amount of financial participation with the individual.
- c. Update the FNA when the income information changes.

### 5. **Individuals Exempt from Financial Participation (Exemption Status)**

Individuals who meet the following exemption status are not required to participate or make a contribution toward the cost of vocational rehabilitation services.

- a. Individuals who receive SSDI, SSI, public assistance (Temporary Assistance for Needy Families [TANF]), SNAP [Food Stamps] and/or other General Assistance), **or**
- b. Any individual who has annual income less than 285% of the Federal Health and Human Services Poverty Guidelines, **or**
- c. Individuals who were not legally required to file a U.S. Tax Return in the year prior to application. For more information access the IRS interview tool:  
<https://www.irs.gov/help/ita/do-i-need-to-file-a-tax-return>)

### 6. **Individuals Non-Exempt from Financial Participation**

Each non-exempt individual shall be placed in one of the following categories:

- a. **Independent** (the individual is not married and was not claimed as a dependent on any other person's U.S. tax return for the prior year or has been granted a "dependency override" by a financial aid administrator);
- b. **Dependent** (the individual is not married and was claimed as a dependent on another person's U.S. tax return for the prior year); or
- c. **Married** (the individual is married).

### 7. **Impairment Related Work Expense (IRWE)**

- a. An IRWE is the cost of an item or service that is directly related to enabling an individual with a disability to work, and which is incurred by the individual because of a physical or mental impairment.

- b. In all cases, the expense must have been paid by the individual. Expenses paid by sources such as health insurance, vocational rehabilitation, or an employer, are not IRWEs.
- c. DVR uses the Social Security Administration's definitions of impairment related work expenses (IRWEs).

**8. Individual's Financial Responsibility**

- a. The type of services, the total cost of rehabilitation services, and the amount of the individual's financial participation should be documented by the counselor. This must be clearly written in the IPE or IPE amendment.
- b. The individual's payment(s) will be made directly to the vendor(s). The amount that the individual must pay will be included on the Authorization and Billing Invoice and the IPE for services.
- c. The counselor may seek an exception to the policy. (Reference Chapter 15.01[3][c])

**9. Certification**

- a. The individual or his/her representative must verify that the information provided is true and correct.
- b. Both the individual and the counselor must sign the printed FNA template.
- c. A copy of the signed FNA must be provided to the individual or his/her representative.

**10. Documentation**

- a. The case must include:
  - o The signed FNA form; and
  - o a copy of all backup documentation/information provided to determine financial participation.
- b. The documentation must include U.S. tax returns, employment security wage reports, employer generated pay stubs, proof of the impairment related work expenses (IRWEs), and any other information provided. IRWE cannot be self-reported.
- c. The counselor must ensure that no social security numbers are visible on any documentation.

**11. Modification to the Individual's Financial Participation**

- a. The individual or their representative may request modification to the Financial Participation at any time to adjust for changes in income or other economic circumstances.
- b. Changes in the amount of financial participation must be reflected in an IPE amendment. If modification is requested, the counselor will obtain verification from the sources listed above.

**9.03 Comparable Services and Benefits.** Comparable services and benefits are:

- 1. Provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance, or by employee benefits;
- 2. Available to the individual prior to the provision of such services (including accommodations and auxiliary aids) or at the time needed to achieve the employment outcome in the individual's IPE;
- 3. Commensurate to the services that the individual would otherwise receive from DVR.

4. Consideration of comparable services and benefits is necessary and must be documented in the record of services.

9.04 **Required Use.** DVR will determine whether comparable services and benefits are available under any program other than DVR to cover costs of services and utilize such services and benefits, unless such a determination would interrupt or delay:

1. The progress of the individual toward achieving the employment outcome identified in the IPE;
2. An immediate job placement, or
3. The provision of such service to any individual at extreme medical risk based upon medical evidence provided by an appropriate licensed medical professional; or,
4. If the comparable services and benefits are **not available** to the individual at the time needed to achieve the employment outcome identified in the IPE or if the benefits exist but are not available at the time needed to satisfy objectives in the IPE, the counselor may authorize funding directly only until the comparable benefits and service become available.
5. If an eligible individual is a SSA Ticket to Work holder whose Ticket is assigned to an Employment Network (EN), DVR shall consider all goods and services referenced in the IPE to be comparable services and benefits to be purchased or provided by an EN with which the eligible individual's Ticket is assigned. [Reference Chapter 16, Section 16.04, 16.05 and 16.07]

9.05 **Exceptions.** Exceptions to DVR's determination of the availability of comparable services and benefits include:

1. Uses of awards and scholarships. Comparable services and benefits do not include awards and scholarships based on merit that are granted without restrictions as to their use by the individual.
2. Information and referral services
3. Assessment for determining eligibility and vocational rehabilitation needs
4. Counseling and guidance, including information and support services to assist an individual in exercising informed choice
5. Job-related services, including job search and placement assistance, job retention services, personal assistance services, follow-up, and follow-along services
6. Rehabilitation technology including telecommunications, sensory and other technological aids and devices
7. Post employment services listed in 9.05(1) – 9.05(6) above, necessary to assist eligible individuals to maintain, regain or advance in employment

9.06 **Assignment of Rights.** An applicant for or a recipient of vocational rehabilitation and related services is deemed to have assigned to the DVR her or his rights to any payments for such services from a third party (e.g., private insurance, Medicaid, and Medicare).

9.07 **Third Party Payer: Private Insurance**

1. Necessary information:
  - a. The name of the company
  - b. The group policy number
  - c. The company representative
  - d. The expiration date of the policy

- e. What is covered and what percentage would be paid
2. Counselors should request that vendors file against the insurance company rather than bill DVR.
3. If DVR has paid a vendor for services and the vendor is paid for those services by a third party, the vendor shall reimburse DVR.
4. If the third party policy only partially pays or a co-payment deductible must be paid, DVR may supplement the third party payment or the co-payment deductible.
5. The supplement to third party insurance or co-payment/deductible must be documented by the insurance carrier or vendor and DVR shall not authorize an amount in excess of DVR's maximum allowed amount.

#### 9.08 **Third Party Payer: Medicaid or Medicare**

1. Individuals who receive SSI or Temporary Assistance for Needy Families (TANF) automatically receive Medicaid. The medically needy may also be eligible for Medicaid.
2. Necessary information:
  - a. Verify the Medicaid or Medicare number
  - b. Send the individuals to vendors who will accept Medicaid or Medicare
  - c. Ensure that the vendor bills Medicaid or Medicare directly
3. If the vendor will not accept Medicaid or Medicare, DVR may pay the vendor for services and recover from Medicaid. In this instance, a cover memo and the invoice should be submitted to Medicaid providing the individuals:
  - a. Name
  - b. Social Security number
  - c. Date of birth
  - d. Current Address
4. If a co-payment/deductible must be paid, DVR may pay the co-payment/deductible.
5. The co-payment/deductible must be documented and shall not exceed DVR's maximum allowed amount.

#### 9.09 **Recovery from Third Parties**

1. DVR shall seek the recovery of monies spent on behalf of an individual from a third party:
  - a. Whenever a third party is liable for the payment of such services
  - b. From the individual if the individual has already received third-party payments
  - c. From the provider of the services if the provider recovers from the individual or a third party on behalf of the individual
2. Counselors should determine if an individual or applicant has any rights to third-party payments as a result of the circumstances which caused them to seek services.
3. When there is a possibility of a liable third party, the counselor, with the assistance of the individual, shall complete the Subrogation Form. The individual shall be requested to read and sign the Subrogation Form. Services to the individual provided through DVR shall not be contingent upon the signing of this form nor shall the subrogation rights of DVR be contingent upon the individual signing the form.
4. When the Subrogation Form is completed, it shall be immediately forwarded to DVR Legal Counsel.
5. If the DVR attorney and DVR believe that there is an expectation that subrogation monies could likely be recovered, DVR attorney may either file a lien meeting the requirements of F.S. Section 413.445 or notify the individual's attorney by letter of DVR's right to subrogation.

The failure of the counselor and the individual to complete a Subrogation Form, or the failure of DVR's attorney to file a lien or notify the individual's attorney in writing, shall not affect DVR's subrogation rights.

6. Under special circumstances, where undue financial hardship would result to the individual, DVR may consider, in its sole discretion, whether to seek reimbursement or to seek reimbursement for less than all of such funds expended. Under such circumstances, DVR shall consider the following factors in determining whether to seek less than full or no reimbursement:
  - a. The amount of reimbursement being offered by any party liable therefore;
  - b. Cost to DVR of services rendered to the individual;
  - c. Types of services rendered to the individual;
  - d. Employment status of the individual;
  - e. Cost to the individual of living independently;
  - f. Additional liens against the individual resulting from medical or rehabilitation services provided to such individuals;
  - g. Whether any other lienors have reduction of their liens;
  - h. Whether any attorney representing the individual has reduced his/her fee;
  - i. Other sources of income available to the individual; and
  - j. The cost effectiveness of pursuing the recovery.
7. DVR shall have the sole discretion, after consideration of such factors, to reduce or waive any claims DVR may have under Section 413.445, Florida Statutes.
8. If DVR receives a third party payment on either a pending SSDI/SSI claim or for which reimbursement has been received, then this must be reported to the Social Security Administration [Reference Chapter 16].