# Vocational Rehabilitation Services Manual E-200: Summary Table of Approvals, Consultations, and Notifications

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## Overview of Table

This table reflects the content found in the VRSM as of the revision date this document. Unless otherwise specified, the content of more recently updated sections of the VRSM and other relevant policy manuals or guidance memorandums supersede instructions included in this table. Staff are expected to review the referenced policy content before taking any action on a case.

All required approvals, consultations, notifications, and reviews must be

* submitted through the requester’s direct chain of command;
* not considered “complete” until it is documented in RHW; and
* documented prior to including the good or service on an IPE and or issuing a service authorization.

Refer to [D-205: Purchasing Thresholds and Restrictions](https://twc.texas.gov/vr-services-manual/vrsm-d-200#d205) for additional policies and procedures, including competitive bidding requirements.

**Note:** When multiple approval requirements apply to a single purchase all approvals must be obtained and documented prior to including the service in the customer’s IPE or issuing a service authorization.

## Delegating Required Actions

Required actions that are assigned to VR staff at the unit level must be completed by identified VR staff member (i.e. VR Counselor, VR Supervisor, or VR Manager) or a VR staff member that is at an equivalent or higher level of supervision. When a required action is completed in the absence of the designated approver or consultant, the staff member completing the action must document a justification to this variance from the defined processes and procedures.

A regional director (RD) can delegate a required action to a VR staff member that is at an equivalent or higher level of supervision or the deputy regional director (DRD).

State office management, including executive management, can delegate required actions to other state office management, regardless of their level of supervision.

## Documentation Requirements

Required consultations and approvals must be documented in RHW by entering an Approval Response case note or completing the appropriate Approval Request in RHW. When completing an Approval Request in RHW, the comments entered by the requestor and approver must include the same content that is required in an Approval Request and Approval Response case note. Refer to E-300 Case Note Requirements for specific requirements.

## Case Review

Case reviews are documented by the reviewer in Texas Review, Oversight, and Coaching System (TxROCS). While not required, it is recommended that approvals and consultations be captured in a case review since the approver or consultant has reviewed the case as a part of the process. For more information about case reviews, refer to D-403: Monitoring Processes and Procedures.

## Condition-Specific Requirements

Condition-specific requirements for eligibility determination are NOT included in this table. Refer to
[B-308-1: Required Assessments and Policy for Selected Conditions](https://twc.texas.gov/vr-services-manual/vrsm-b-300#b308-1) for this information.

## Exceptions to Published Policies and Procedures

When necessary to meet the vocational rehabilitation needs of a customer, VR staff members may request exceptions to policies and procedures through their chain of management. However, exceptions to policies and procedures based on federal and state laws, statutes, and rules or regulations are not allowable.

## Key Terms

### Approval

The action of officially agreeing to a recommended course of action. Approvals are documented by the approver in a ReHabWorks (RHW) case note.

### Chain of Command

The way that people with authority in an organization, are ranked, from the person with the most authority to the next one below, and so on. The chain of command follows the line of supervision — for example, when the approver is the regional director, the VR counselor initiates the approval request with their VR Supervisor; the request then proceeds to the VR Manager and then to the regional director.

### Consultation

The process of discussing something with someone to get their advice or opinion. Consultations are documented in a RHW case note by the consultant or their representative, such as the State Office Program Specialist for Physical Restoration Services. VR staff must copy their immediate supervisor on all consultation requests.

All consultations by field staff with TWC Office of General Council must go through the chain of command and include notification of the regional director and deputy regional director.

### Notification

The act of telling someone officially about something, or a document that does this. Notifications are documented by the VR counselor in a RHW case note.

### RHW Approval Category

A RHW Approval Category is a drop-down option in RHW that staff will use to initiate documentation of required consultations and approvals (see RHW Users’ Guide C-100 Approval Request List for additional information). RHW Approval Categories are representative of the type of required consultation or approval that is needed.

### RHW Purchase Approval Workflow

The RHW Purchase Approval Workflow is the process by which RHW enforces and documents actions taken as part of required consultations and approvals. Workflows are identified by approval categories. For detailed information about workflows, refer to RHW Users’ Guide, E-100 Approval Request List. For additional information about RHW Purchase Approval Workflows, refer to the RHW resource page for Approval Workflows.

## Caseload Management

| **Situation, Good, or Service** | **Required Action (Workflow)** | **VRSM Reference** | **RHW Approval Category** |
| --- | --- | --- | --- |
| Caseload Management |
| Any phase adjustment to a case status within the same quarterNote: Phase adjustments outside the quarter are not allowed | VR Supervisor approval | B-206-2B-206-5 | VR Supervisor Approval |
| Any Extension of Time (EOT) for a lapsed Eligibility due date.  | VR Supervisor approval | B-303-2 | VR Supervisor Approval |
| Any additional EOT’s for eligibility (past the first one), regardless of whether the additional EOT is completed prior to the end of the first EOT  | VR Supervisor approval | B-303-2 | VR Supervisor Approval |
| Trial Work services for more than 12 months | VR Supervisor approval | B-310-7 | VR Supervisor Approval |
| Closing a case in trial work as disability too significant to benefit from services | VR Supervisor approval | B-310-8B-312 | VR Supervisor Approval |
| Closing a case disability too significant to benefit from services | VR Supervisor approval | B-312-5 B-604-1 | VR Supervisor Approval |
| Any EOT for a lapsed IPE due date  | VR Supervisor approval | B-503-1 | VR Supervisor Approval |
| Any additional EOT’s for IPE (past the first one), regardless of whether the additional EOT is completed prior to the end of the first EOT. | VR Supervisor approval | B-503-1 | VR Supervisor Approval |
| Changing the level of significance of a case to a lower level of significance. | VR Supervisor approval | B-309-2C-1201-2 | VR Supervisor Approval |
| Backdated purchases  | * VR Supervisor approval (if issued by field office) or
* Regional Program Support Manager (if issued by MSC/MST)
 | D-204-2C-701-4 | VR Supervisor Approval |
| After-the-fact ancillary service authorizations | * VR Supervisor approval (if issued by field office) or
* Regional Program Support Manager (if issued by MSC/MST)
 | D-204-3 | VR Supervisor Approval  |
| Replacement Service Authorizations | * When no approvals were required for original SA, no approvals are required for replacement SA.
* If approvals for original SA were required, the same approvals must be obtaining for replacement SA.
 | D-204-4 | Use approval category for original SA. |
| The following services and goods, when provided as part of the trial work plan:* Residential modifications
* Worksite modifications
* Durable medical good
* Orthotics and prosthetics
* Services or goods to support any of these items
 | Regional Director approval | B-310-3 | Deputy or Regional Director Approval |
| The following services and goods, when provided as part of the trial work plan:* Any services related to self-employment
* Modification of vehicles, except hand controls
* Academic or vocational training
* Medical services specified in VRSM C-700 Medical Services.
* Services or goods to support any of these items
 | VR Division Director approval  | B-310-3 | State Office Approval |
| Financial Exceptions |
| Exceptions to required customer participation in the cost of services (BLR). | VR Manager approval  | D-203-4 | VR Manager Approval |
| Exceptions to required use of readily available comparable benefits  | VR Manager approval | D-203-3 | VR Manager Approval |
| Interpreter Exceptions |
| Use of a noncertified interpreter  | Written approval from customer  | C-305-4 | None |
| Legal Exceptions  |
| Paying any legal fees for self-employment | Consultation with TWC Office of General Counsel | C-1102-11 | Consultation Only |
| Replacement of “tools and equipment” with cost up to $200 that are reported by the customer as stolen. | VR Supervisor approval | C-1407-3 | VR Supervisor Approval |
| Replacement of “tools and equipment” with cost over $200, but less than $1,000 that are reported by the customer as stolen. | VR Manager approval | C-1407-3 | VR Manager Approval |
| Replacement of “tools and equipment” with cost over $1,000 that are reported by the customer as stolen.  | Regional Director approval | C-1407-3 | Deputy or Regional Director Approval |
| VR staff reporting the theft of tools or equipment as stolen when the customer refuses to return items that are no longer being used to support VR outcomes | Consultation with TWC Office of General Counsel  | C-1407-5 | Consultation Only |
| Abuse, neglect, and exploitation of a customer\* *\*You must take immediate action to report to appropriate investigating agency or law enforcement.* | Notify VR Manager and VR Supervisor | A-202-3  | None |
| Administrative Situations |
| Transferring an entire caseload | Regional Director approval | D-304-4 | None |
| Exceptions to standard TxROCS User Roles | VR Field Service Delivery Director approval | D-403-3TxROCS User Role Table | None |

## Contracted Services

| **Situation, Good, or Service** | **Required Action (Workflow)** | **VRSM Reference** | **RHW Approval Category** |
| --- | --- | --- | --- |
| Provider Requirements |
| Use of noncontracted nontraditional provider | Consultation with Regional Quality Assurance Specialist  | C-1005-1 | Consultation Only |
| Use of non-contracted transition educator provider | Consultation with Regional Quality Assurance Specialist  | C-1005-2  | Consultation Only |
| Exceptions to the requirement for a contract to establish a business relationship | Vocational Rehabilitation Division Director approval | D-210-1  | State Office Approval |

## Support Services

| **Situation, Good, or Service** | **Required Action (Workflow)** | **VRSM Reference**  | **RHW Approval Category** |
| --- | --- | --- | --- |
| Maintenance, Transportation, and Bus Tickets |
| Non-recurring maintenance that is equal to or greater than $200 (single transactions)  | VR Manager approvalNote: You must email RHW Data Maintenance to have the customer established as a provider when >$400 | C-1401-3 | VR Manager Approval |
| Non-recurring transportation greater than $200 (single transactions) | VR Manager approval Note: You must email RHW Data Maintenance to have the customer established as a provider when >$400  | C-1402-4 | VR Manager Approval |
| Recurring maintenance service authorizations that exceed four consecutive weeks or a total of six cumulative weeks | VR Manager approval | C-1401-2  | VR Manager Approval |
| Short-term Housing Maintenance that is paid for longer than a total of 3 months | VR Manager approval | C-1401-4 | VR Manager Approval |
| Using any form of maintenance to cover the cost of any services or goods listed in VRSM C-1401-5 | TWC-VR state office executive management  | C-1401-5 | State Office Approval |
| Mailing maintenance or transportation warrants to TWS-VR office | VR Manager approval | C-1401-6 | VR Manager Approval |
| More than two round-trip economy airfare tickets per year for customers that are attending training greater. (Includes both in-state and out-of-state training) | Regional Director approval | C-1402-5 | Deputy or Regional Director Approval |
| Purchase of local bus tickets, passes, tokens, transfers, etc., in bulk for customers | VR Manager approval  | C-1402-6 | VR Manager Approval |
| Personal Assistant Services (Attendant Care) every 6 months | VR Supervisor approval  | C-1403-2  | VR Supervisor Approval |
| Fees exceed $100 per calendar year for childcare registration and or fees | VR Manager approval | C-1405-4 | VR Manager Approval |
| Payment of dues to a professional association or trade union | Regional Director approval | D-206-1 | Deputy or Regional Director Approval |

## Assistive and Rehab Technology, including modifications and repairs

| **Situation, Good, or Service** | **Required Action (Workflow)** | **VRSM Reference**  | **RHW Approval Category** |
| --- | --- | --- | --- |
| Assistive Rehab. Tech. – General |
| Assistive technology devices and services (except for eye glasses and hand controls) before determining eligibility | VR Supervisor approval | B-308  | VR Supervisor Approval |
| Any assistive technology purchase with a cumulative cost greater than $5,000  | Consultation with the State Office Program Specialist for Assistive and Rehabilitation Technology (PSART) | C-203-1 | Consultation Only |
| If the lien holder will not sign the VR3426, Residence or Job Site Modification, Express Waiver of Right to VR Equipment. | Consultation with the State Office Program Specialist for Assistive and Rehabilitation Technology (PSART) | C-204-8C-205-3C-205-4 | Consultation Only |
| Determining which items of equipment to reclaim after customer’s death | Consultation with the State Office Program Specialist for Assistive and Rehabilitation Technology (PSART) | C-204-12 | Consultation Only |
| Durable Medical Equipment (DME) |
| If the contracted rate of a power wheelchair is greater than $15,000 | * Consultation with State Office Program Specialist for Assistive and Rehabilitation Technology, and
* VR Manager approval
 | C-704-4 | VR Manager Approval with Consultation  |
| If the contracted rate of manual wheelchair is greater than $10,000 | * Consultation with State Office Program Specialist for Assistive and Rehabilitation Technology, and
* VR Manager approval
 | C-704-4 | VR Manager Approval with Consultation |
| If the contracted rate of any other DME is greater than $5,000 | * Consultation with State Office Program Specialist for Assistive and Rehabilitation Technology, and
* VR Manager approval
 | C-704-4 | VR Manager Approval with Consultation |
| Vehicles |
| Vehicle modifications that cost more than $2,500 | VR Manager approval | C-204-2 | Vehicle Mod $2500-$8999.99 |
| Before the customer purchases a vehicle for which the modifications will cost more than $1,500 | * Review with Texas A&M Transportation Institute (TTI), and
* VR Manager approval
 | C-204-6 | VR Manager Approval |
| Repairs to vehicle modifications or to equipment estimated to exceed $2,500  | * Review with Texas A&M Transportation Institute (TTI), and
* VR Manager approval
 | C-204-12 | VR Manager Approval |
| Vehicle repairs over $250, but less than $1,000 (aggregate amount) | VR Manager approval  | C-1402-8 | VR Manager Approval |
| Vehicle repairs over $1,000 (aggregate amount) | Regional Director approval | C-1402-8 | Deputy or Regional Director Approval |
| Repair costs that exceed the vehicle’s value | Regional Director approval | C-1402-8 | Deputy or Regional Director Approval |
| Provision of a rental vehicle for 1-60 days | VR Manager approval  | C-1402-9 | VR Manager Approval |
| Provision of a rental vehicle for 61+ days | Regional Director approval  | C-1402-9 | Deputy or Regional Director Approval |
| Vehicle payment assistance (includes monthly payments or down payment) | Regional Director approval | C-204-11 | Deputy or Regional Director Approval |
| Residential or Job Site Modifications |
| Exceptions to obtaining an OT, PT, or PE assessment of the job-site or residential  | * Consultation with the State Office Program Specialist for Assistive Rehabilitation Technology (PSART), and
* VR Manager approval
 | C-205-1 | VR Manager Approval with Consultation |
| Job site modifications (All)  | * Consultation with Regional Program Specialist (RPS) or the State Office Program Specialist for Assistive Rehabilitation Technology (PSART), and
* VR Manager approval
 | C-205-2 | VR Manager Approval with Consultation |
| Residential modifications (All) | * Consultation with State Office Program Specialist for Assistive Rehabilitation Technology (PSART), and
* VR Manager approval
 | C-205-2 | VR Manager Approval with Consultation |

## Employment Services

| **Situation, Good, or Service** | **Required Action (Workflow)** | **VRSM Reference**  | **RHW Approval Category** |
| --- | --- | --- | --- |
| Work Experience |
| A single work experience that lasts greater than 12 weeks | VR Manager approval | C-421-1 | VR Manager Approval |
| Self-employment (including Supported Self Employment) |
| Using a resource other than a Certified Business Technical Assistance Consultant (CBTAC) for self-employment services | Consultation with State Program Specialist for Specialized Employment Strategies/VR | C-1102-11 | Consultation Only |
| IPE with Self-Employment goal | VR Supervisor approval | C-1102-13 | VR Supervisor Approval |
| Any Business Plan that require certificates, permits, or licenses | Consultation with Regional Program Specialist assigned to self-employment or the Regional Program Support Specialist | C-1102-13 | Consultation Only |
| Concept Development & Feasibility Study | Consultation with Regional Program Specialist assigned to self-employment or the Regional Program Support Specialist | C-1102-13 | Consultation Only |
| Simple Business Plan less than $2,000 | Consultation with Regional Program Specialist assigned to self-employment or the Regional Program Support Specialist | C-1102-13 | Consultation Only |
| Simple Business Plan with a cost of $2,000.00 to $4,999.99(NOTE: business plans $5,000 or higher require a comprehensive business plan) | * Consultation with Regional Program Specialist assigned to self-employment or the Regional Program Support Specialist; and
* VR Manager approval
 | C-1102-13 | VR Manager Approval with Consultation |
| Comprehensive Business Plan less than $5,000 | * Consultation with Regional Program Specialist assigned to self-employment or the Regional Program Support Specialist; and
* VR Manager approval
 | C-1102-13 | VR Manager Approval with Consultation  |
| Comprehensive Business Plan $5,000.00 to $9,999.99 | * Consultation with Regional Program Specialist assigned to self-employment or the Regional Program Support Specialist; and
* VR Manager approval
 | C-1102-13 | VR Manager Approval with Consultation  |
| Comprehensive Business Plan $10,000.00 or more | * Consultation by State Office Program Specialist for Specialized Employment Strategies/VR; and
* Regional Director approval
 | C-1102-13 | Deputy or Regional Director Approval with Consultation  |
| Payment for any Supported Self-Employment Benchmark | VR Supervisor  | C-1104-5 | VR Supervisor Approval |
| Paying Legal Fees for Self-Employment  | Consultation with TWC Office of General Counsel | C-1102-11 | Consultation Only |

## Out-of-State Services or Payment Rates

|  |  |  |  |
| --- | --- | --- | --- |
| **Situation, Good, or Service** | **Required Action (Workflow)** | **VRSM Reference**  | **RHW Approval Category** |
| Out-of-State Services or Payment Rates |
| Ensuring that out-of-state providers of MAPS services are properly credentialed. | * Consultation with VR MAPS Provider Services, and
* Regional Director approval
 | D-206-3 Purchasing | Deputy or Regional Director Approval with Consultation |
| Purchasing an out-of-state service that is ordinarily regulated in Texas but is not regulated in the state where the service is provided. (Includes out-of-state proprietary and vocational training.)(Applies to purchases >$1,000 per SA.) | * Consultation with State Office program specialist and
* Regional Director approval
 | D-206-3  | Out-of-State Training |
| Purchase of any good or service from an out-of-state provider that that is normally purchased under a contract, but the out-of-state provider does not have a contract for that good or service with TWC-VR.(Applies to purchases >$1,000 per SA.) | * Consultation with State Office program specialist, and
* VR Division Director approval.

Once approved, follow contract exception process | D-206-3  | State Office Approval with Consultation |
| Attending any training out-of-state requires Regional Director approval.(Applies to purchases >$1,000 per SA.) | Regional Director approval | D-206-3C-412-5 | Out-of-State Training |
| Attending college or university in Texas at out-of-state tuition rate. | Regional Director approval | D-206-3 | Deputy or Regional Director Approval |

## Training Services

| **Situation, Good, or Service** | **Required Action (Workflow)** | **VRSM Reference**  | **RHW Approval Category** |
| --- | --- | --- | --- |
| Training Services - General |
| Purchase of any contracted training services provided more than once. Note: This applies only to outcome-based services and does not apply to services that are billed on an hourly basis. | * First purchase – No approval required;
* Second purchase requires VR Supervisor approval and completion of VR3472;
* Third purchase requires VR Manager approval and completion of VR3472

Note: There must be a significant change in circumstances to justify an additional purchase of the same contracted training service more than one time.  | D-209-3VR-SFP 3.6.4 | * VR Supervisor Approval (2nd purchase) or
* VR Manager Approval (3rd purchase)
 |
| Repeating academic or vocational courses more than one time  | Consultation with VR Supervisor | C-411-3 | Consultation only |
| Purchasing any training services from an out-of-state provider | Regional Director approval | D-206-3 | Out-of-State Training |
| Exceptions to the limitations for tuition and fees | VR Manager approval | C-412C-413 | Tuition rate before July 1, 2019; or Tuition rate exception after July 1, 2019 |
| Training by a paid instructor or school exempt from Texas Workforce Commission regulation | VR Field Service Delivery Director approval | C-409-2 | State Office Approval |
| Work-based learning, including OJT, work experience, and paid work experience, that is expected to last longer than 3 months. | VR Supervisor approval | C-1007-5 | VR Supervisor Approval |
| OJT plan will require VR to pay a higher percentage of reimbursement than defined in policy | VR Supervisor approval | C-1007-5 | VR Supervisor Approval |
| Vocational or technical training that exceeds timelines for completion | VR Supervisor approval | C-407-3 | VR Supervisor Approval |
| Academic training that exceeds timelines for completion  | VR Manager approval | C-406-4 | VR Manager Approval |
| Continued VR-sponsorship after a second change in the major course of study | VR Manager approval  | C-405-1 | VR Manager Approval |
| Continuing with (or resuming) training and related services or supports when customer fails to meet satisfactory academic progress for 2 or more consecutive semesters | VR Manager approval | C-405-3 | VR Manager Approval |
| Enrollment in any training program below full-time status | VR Supervisor approval | C-405-2 | VR Supervisor Approval |
| Pell grant awards must be applied towards the cost of tuition, fees, and other educational expenses  | Federal Requirement. No exceptions permitted. | C-401C410-2 | None |
| Pre-ETS |
| Assistive Technology purchases made before the completion of the student's senior year of secondary school | VR Supervisor approval | C-1305-5 | VR Supervisor Approval |
| GSTs including students served by multiple management units or multiple regions | * Review by the State Office Program Specialist for Transition Services, and
* Approval by the Regional Directors of the regions participating
 | C-1305-12 | None  |
| When another family member requests to participate in the Group Skills Training (GST) in place of the parent or guardian | VR Manager approval | C-1305-11 | VR Manager Approval |
| Budget for the proposed GST | Regional Director approval  | C-1305-11 | Deputy or Regional Director Approval |
| All Pre-ETS Temporary Learning Experience | Program Specialist consultation from Pre-ETS mailbox | C-1305-8 | Consultation Only  |

## Psychological Services

| **Situation, Good, or Service** | **Required Action (Workflow)** | **VRSM Reference**  | **RHW Approval Category** |
| --- | --- | --- | --- |
| Psychological Services |
| Evaluation or treatment of customers by a regional psychological consultant | Regional Director approval  | C-804-2 | Deputy or Regional Director Approval |
| Request for psychological or neuropsychological test not listed in Maximum Affordable Payment Schedule (MAPS) | * Consultation with Regional Psychological Consultant (RPC), and
* State Medical Director approval
 | C-804-2 | Consultation Only  |
| Repeating the purchase of any neuropsychological or psychological assessment or evaluation  | VR Supervisor approval | C-804-2 | VR Supervisor Approval |
| Actions contrary to advice of regional psychological consultant | * Consultation with VR Manager, and
* State Medical Director approval
 | C-804-2 | Consultation Only |
| Authorizing more than 15 individual outpatient counseling sessions or 30 group counseling sessions or a combination of the two | * Consultation with Regional Psychological Consultant (RPC), and
* VR Manager approval
 | C-804-2 | VR Manager Approval with Consultation |
| Inpatient psychiatric treatment is not sponsored by VR  | No exceptions. Refer to comp. benefit programs. | C-804-2 | None |
| More than 90 days of supportive residential service | VR Manager approval | C-808-4 | VR Manager Approval |
| More than 3 months of service for Intensive Work Preparation and Life Skills Training (IWPLST)  | VR Manager approval | C-904 | VR Manager Approval |
| Purchase of prescription medication to treat a specific condition for longer than 90 days | VR Supervisor approval | C-804-2C-703-24 | VR Supervisor Approval |

## Neurodevelopment Services

| **Situation, Good, or Service** | **Required Action (Workflow)** | **VRSM Reference**  | **RHW Approval Category** |
| --- | --- | --- | --- |
| Neurodevelopment Services |
| Repeating the purchase of * any neurodevelopmental or psychological assessment,
* ABA Evaluation (Social Skills or FBA),
* ASD Supports Plan,
* Autism Psychological Battery, or
* Environmental Work Assessment (EWA)
 | VR Supervisor approval | C-803C-804-2C-802-6 | VR Supervisor Approval |
| If more than one exception to the 20-hour limit for ASD support service | * VRC can make first exception (up to 20 hours); and
* VR Supervisor approval required for anything after the first exception (20-hour increments)
 | C-802-6 | VR Supervisor Approval (after first exception) |
| More than 60 intervention hours of Applied Behavior Analysis over the lifetime of the case | * Consultation with State Office Neurodevelopmental Program Specialist, and
* VR Supervisor approval
 | C-803-4 | VR Supervisor Approval with Consultation |

## Medical Services

| **Situation, Good, or Service** | **Required Action (Workflow)** | **VRSM Reference** | **RHW Approval Category** |
| --- | --- | --- | --- |
| General Medical Purchasing |
| Evaluation or treatment of customers by a local medical consultant | VR Manager approval | C-701-2  | VR Manager Approval |
| Before determining eligibility for customers with fractures, including malunion or nonunion fractures  | Consultation with State Medical Director to confirm the type of fracture | B-308-1 | Consultation Only |
| Before determining eligibility for customers with hernias, gallbladder disease, or gynecological conditions | VR Supervisor approval | B-308-1 | VR Supervisor Approval |
| Acute (emergency) medical care before determining Eligibility | VR Supervisor approval | B-308-4 | VR Supervisor Approval |
| Medical services not listed in MAPS | * Local Medical Consultant (LMC) review, and
* Consultation with State Office Program Specialist for Physical Disabilities or Program Specialist for Physical Restoration Services
 | C-701-2 | Consultation Only |
| Medical Devices with unlisted MAPS codes  | * Consultation with VR Manager prior to sending to medical director, and
* State Medical Director approval
 | C-701-2 | Consultation Only |
| Payments that exceed MAPS rates (including additional payment for medical treatment in unusually difficult or complicated cases) | * Consultation with VR Manager prior to sending to medical director, and
* State Medical Director approval
 | C-701-2 | Consultation Only |
| Ensuring that MAPS services from out-of-state providers are properly credentialed | VR MAPS Provider Services approval  | D-206-3  | Consultation Only |
| Reduced payment agreement VR3422 | * Consultation with VR Manager prior to sending to state office,
* Authorized hospital representative and Medical Services Coordinator (MSC), and
* Notify State Office Program Specialist for Physical Disabilities
 | C-702-6 | Consultation Only |
| Recommended hospitalization greater than 14 days | * Consultation with State Office Program Specialist for Physical Disabilities, and
* VR Manager approval
 | C-702-7  | VR Manager Approval with Consultation |
| Payment for medical provider’s travel costs | * Consultation with State Office Program Specialist for Physical Disabilities Deputy, and
* Regional Director approval
 | C-701-8 | Deputy or Regional Director Approval with Consultation |
| Termination of authorization for payment of medical treatment when treatment exceeds 14 days  | VR Manager approval of written notification to be sent to customer, hospital, attending physicians, other concerned parties | C-702-7  | VR Manager Approval |
| Exceptions to existing hospital contracts | * Medical Services Coordinator (MSC) or their designee completes VR3423, Exception to Contracted Hospital Purchase, and
* VR Director approval
 | D-210-3 | State Office Approval |
| Exceptions to contracts other than hospital contracts | Memo requesting an exception is submitted through the management chain for VR Director approval | D-210-2 | State Office Approval |
| Physical restoration services in a hospital, ambulatory surgical center, post-acute brain injury facility or medical school | Consultation with Medical Services Coordinator (MSC) to arrange services | C-703-33 C-701-2 | Consultation Only |
| Medical Services |
| Surgical services (except eye surgeries) | LMC review | C-701-2  | Consultation Only |
| Payment of Co-surgeons | * Consultation with VR Manager prior to sending to medical director, and
* State Medical Director approval
 | C-701-2  | Consultation Only |
| Actions contrary to a local medical consultant’s (LMC) advice | * Consultation with VR Manager prior to sending to medical director, and
* State Medical Director approval
 | C-701-2  | Consultation Only |
| Hiring new medical consultants | * Consultation with VR Manager prior to sending to medical director, and
* State Medical Director approval
 | C-701-2  | Consultation Only |
| Surgery, General |
| Bariatric Surgery | * Review by LMC,
* VR Manager approval, and
* State Medical Director approval
 | C-703-27  | VR Manager Approval with Consultation  |
| Breast implant removal | * Review by LMC,
* State Medical Director approval, and
* DRD approval
 | C-703-3 | Deputy or Regional Director Approval with Consultation  |
| Breast reduction surgery | * Review by LMC,
* State Medical Director approval, and
* DRD approval
 | C-703-4  | Deputy or Regional Director Approval with Consultation |
| Bilateral Total Knee Replacement (Simultaneous) | * Review by LMC, and
* State Medical Director approval
 | C-703-35 | Consultation Only |
| Surgery, Orthopedic/Neurosurgery |
| Back or neck injections or neurotomy | * Review by LMC,
* State Medical Director approval, and
* DRD approval
 | C-703-1  | Deputy or Regional Director Approval with Consultation |
| Back or neck surgery | * LMC review,
* consultation with State Office Program Specialist for Physical Disabilities Services, and
* VR Manager approval
 | C-703-2  | VR Manager Approval with Consultation |
| Spinal fusion surgeries involving three or more levels | * Review by LMC,
* State Medical Director approval, and
* DRD approval
 | C-703-2  | Deputy or Regional Director Approval with Consultation |
| Discograms | * VR Manager consultation prior to sending to medical director, and
* State Medical Director approval
 | C-703-10  | Consultation Only |
| Spinal cord stimulator or dorsal column stimulator | * VR Manager consultation prior to sending to medical director, and
* State Medical Director approval
 | C-703-29  | Consultation Only |
| Electrical Bone Stimulators | LMC review | C-703-12 | Consultation Only |
| Orthoses and Prostheses |
| Initial orthosis or difficulty with current orthosis | Evaluation by a physician (prior to services).  | C-703-21  | None |
| Initial prosthesis or difficulty with current prosthesis | Orthopedic or physical medicine and rehabilitation specialist evaluation | C-703-21  | None |
| Prosthesis with unlisted MAPS codes | * Consultation with VR Manager prior to sending to State Office Orthotic and Prosthetic Review Committee (OPRC), and
* State Office Orthotic and Prosthetic Review Committee (OPRC) approval
 | C-703-21 | Consultation Only |
| If VR cost for a prosthesis is equal to or greater than $12,500 and does not include unlisted MAPS codes | * Consultation with VR Manager prior to sending to UTSW, and
* University of Texas Southwestern (UTSW) review
 | C-703-21 | Consultation Only |
| Functional Electrical Stimulation (FES) Devices | * Consultation with VR Manager prior to sending to State Medical Director, and
* State Medical Director approval
 | C-703-21 | Consultation Only |
| Osteomyelitis |
| Osteomyelitis treatment that is not a curative treatment  | * LMC review.
* VR Manager approval. and
* State Medical Director approval
 | C-703-22 | VR Manager Approval with Consultation |
| Osteomyelitis treatment that is necessary due to a complication of a VR-sponsored treatment  | * LMC review,
* VR Manager approval, and
* State Medical Director approval
 | C-703-22 | VR Manager Approval with Consultation  |
| Rehabilitation Therapy |
| More than 30 sessions or visits of any single outpatient rehabilitation therapy\* | VR Supervisor approval | C-703-26 | VR Supervisor Approval |
| Chiropractic manipulation treatment | Written recommendation from a board certified Orthopedic or PM&R physician that includes the maximum number of allowed treatments | C-703-6  | None |
| More than 10 outpatient chiropractic manipulation treatments | * VR Manager consultation
* State Medical Director approval
 | C-703-6  | Consultation Only |
| Home health care that exceeds 30 sessions | VR Supervisor approval | C-703-17  | VR Supervisor Approval |
| Other Programs with Approval Requirements |
| Post-Acute Brain Injury (PABI) Services for Vocational Rehabilitation (VR) – All exceptions to service arrays  | * State Office Program Specialist for Physical Disabilities approval; and
* VR3472, Contract Service Modification Form must be completed and signed by Regional Director or VR Division Director
 | C-703-33  | State Office Approval |
| Residential PABI | Consultation and approval by the State Office Program Specialist for Physical Disabilities | C-703-33  | Consultation Only |
| Weight-loss programs | * VR Supervisor consultation
* LMC review and State Medical Director approval
 | C-703-30  | Consultation Only |
| Cardiac catheterization and or angiography. | * LMC review, and
* VR Manager approval
 | C-703-5 | VR Manager Approval with Consultation |
| Wound care that involves an uncertain prognosis, such as abscess or infection. | * LMC review,
* Consult with State Office Program Specialist for Physical Disabilities,
* VR Supervisor approval, and
* Notify Medical Services Coordinator (MSC)
 | C-703-31  | VR Supervisor Approval with Consultation |
| Deaf and Hard of Hearing Services |
| Cochlear implant and bone anchored hearing aid surgery | * Consultation with VR Program Specialist for the Deaf and Hard of Hearing (all caseloads except BVI caseloads) or State Office Manager for Blind Services Field Support (BVI caseloads only), and
* Deputy Regional Director approval.
 | C-703-7  | Deputy or Regional Director Approval with Consultation |
| Cochlear implant and bone anchored hearing aid processor replacement | * Consultation with VR Program Specialist for the Deaf and Hard of Hearing (all caseloads except BVI caseloads) or State Office Manager for Blind Services Field Support (BVI caseloads only), and
* Deputy Regional Director approval
 | C-704-11  | Deputy or Regional Director Approval with Consultation  |
| Purchase of hearing aid | * Medical clearance from an otologist or otolaryngologist
* Audiological assessment completed by a licensed audiologist or hearing-aid specialist
 | C-704-10 | None |
| Eyeglasses and Contact Lenses |
| The purchase of Irlen lenses | * Consultation with VR Supervisor, and
* VR State Optometric Consultant approval
 | C-703-13  | Consultation Only |
| Dental Surgery and Treatment |
| Intercurrent illness (e.g. abscess or infection); a component of maxillofacial surgery; or needed treatment, as determined by the regional dental consultant | * Regional Dental Consultant review, and
* VR Manager approval
 | C-703-8  | VR Manager Approval with Consultation |