# VRSM Summary Table of Approvals and Consultations

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**RETIRED AND REPLACED 8/24/2018**

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.

The link to this table and specific policies and procedures regarding required approvals and consultations is in the Vocational Rehabilitation Services Manual (VRSM).

**Reminders:**

All reviews, consultations, and approvals must be documented prior to including the good or service on an IPE and or issuing a service authorization.

* Approvals must be documented by the approver in a ReHabWorks (RHW) case note.
* Consultations must be documented by the vocational rehabilitation counselor (VRC) in a RHW case note.
* Reviews are documented by the reviewer (or their representative, such as the State Office Program Specialist for Physical Restoration Services) in Texas Review, Oversight, and Coaching System (TxROCS) as case readings and a brief case note is entered in RHW indicating that the review was completed by the reviewer.

For information about specific assessments and policies related to eligibility of individuals with certain conditions refer to B-300 Determining Eligibility.

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## Caseload Management

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| **Situation, Good, or Service** | **Approval and/or consultation source** | **VRSM Reference** |
| **Caseload Management** | | |
| Reopening a case previously closed two or more times as unsuccessful (not rehabilitated) after the customer was found eligible for services | VR Supervisor consultation | B-206-3 |
| Reopening a new case closed successfully within the last 12 months (requires more complex and comprehensive services than available through Post closure services) | VR Supervisor approval | B-603  B-206-4 |
| Any phase adjustment to a case status within the same quarter. | VR Supervisor approval | B-206-5 |
| Any Extension of Time (EOT) for a lapsed IPE due date requires VR Supervisor approval. Any additional EOT’s (past the first one), also require VR Supervisor approval. | VR Supervisor approval | B-303-2 |
| Pre-eligibility Trial Work services for more than 12 months | VR Supervisor approval | B-310-7 |
| Pre-trial work plan that include residential modifications, worksite modifications, durable medical good, orthotics and prosthetics, and services or goods to support any of these items. | Regional Director review and approval | B-310-3 |
| Closing a case in pre-trial work as disability too significant to benefit from services | VR Manager approval | B-602-7 |
| Closing a case disability too significant to benefit from services | VR Manager approval | B-312-5 |
| Any EOT for a lapsed eligibility due date requires VR Supervisor approval.  Any additional EOT’s (past the first one), also require VR Supervisor approval. | VR Supervisor approval | B-503 |
| Changing the level of significance of a case to a lower level of significance. | VR Supervisor approval | B-309  C-1201-2 |
| After-the-fact ancillary service authorizations | VR Supervisor approval (is issued by field office) or Program Support Manager (if issued by MSC/MST). | D-204-3 |
| 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 |
| 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. (insert link) * Services or goods to support any of these items | VR Division Director approval (Cheryl Fuller) | B-310-3 |
| **Financial Exceptions** | | |
| Exceptions to required customer participation in the cost of services (BLR). | VR Manager approval | B-505-14 |
| Exceptions to required use of available comparable benefits | VR Manager approval | B-505-13 |
| **Interpreter Exceptions** | | |
| Use of a noncertified interpreter | Written approval from customer | C-305-4 |
| **Legal Exceptions** | | |
| Paying legal fees for self-employment | Consult with TWC Office of General Counsel and obtain VR Manager approval | C-1102-11 |
| Reporting the theft of tools or equipment that the customer has reported as stolen or that the customer refuses to return | Consultation with TWC Office of General Counsel through the management chain | C-1407-5 |
| 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 |
| **Administrative Situations** | | |
| Transferring an entire caseload | Regional Director approval | D-304-4 |
| Exceptions to standard TxROCS User Roles | Regional Director approval | 19.5.6 |

## Contracted Services

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| **Situation, Good, or Service** | **Approval and/or consultation source** | **VRSM Reference** |
| **Provider Requirements** | | |
| Exception to the regular CRP quarterly monitoring cycle | VR Manager and Regional Director approval | (need to clarify with SFP team) |
| Use of non-contracted non-traditional provider | Regional Quality Assurance Specialist review and approval | C-1005-1 |
| Use of non-contracted transition educator provider | Regional Quality Assurance Specialist review and approval | C-1005-2 |
| Exceptions to the requirement for a contract to establish a business relationship | Review by the VR Manager, Regional Director, and approved by the Vocational Rehabilitation Division Director | D-210-1 |

## Support Services

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| **Situation, Good, or Service** | **Approval and/or consultation source** | **VRSM Reference** |
| **Maintenance, Transportation, and Bus Tickets** | | |
| Non-recurring maintenance that is equal to or greater than $200 | VR Manager approval | C-1401-3 |
| Non-recurring transportation greater than $400 | VR Manager approval  You must email [RHW Data](mailto:vr.rhw.DataMaintenance@twc.state.tx.us) Maintenance to have the customer established as a provider. | C-1402-4 |
| Recurring maintenance service authorizations that exceed four consecutive weeks or a total of six cumulative weeks | VR Manager approval | C-1401-2 |
| Short-term Housing Maintenance that is paid for longer than a total of 3 months | VR Manager approval | C-1401-4 |
| 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 (As of 10/4/17, Cheryl, Carline, David J., Tammy M.) | C-1401-5 |
| Mailing maintenance or transportation warrants to TWS-VR office | VR Manager approval | C-1401-6 |
| Air transportation for customers that are attending out of state training greater than two round-trip economy tickets per year. | Regional Director approval | C-1402-5 |
| Purchase of local bus tickets, passes, tokens, transfers, etc., in bulk for customers. | VR Manager approval (or, in the absence of the VR Manager, the Regional Director). | C-1402-6 |
| Personal Assistant Services every 90 days | VR Supervisor review | C-1403-1 |
| Fees exceed $100 per calendar year for childcare registration and or fees | VR Manager approval | C-1405-4 |
| Payment of dues to a professional association or trade union. | Regional Director review and approval | D-206-1 |

## Assistive and Rehab Technology, including modifications and repairs

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| **Situation, Good, or Service** | **Approval and/or consultation source** | **VRSM Reference** |
| **Assistive Rehab. Tech. - General** | | |
| Assistive technology devices and services or worksite assessments before determining eligibility. | VR Supervisor approval | B-308 |
| Any assistive technology purchase from a single provider with a cumulative cost greater than $5,000. | Consultation with the State Office Program Specialist for Assistive and Rehabilitation Technology (PSART) | C-203 |
| If the lien holder will not sign the DARS3426, or minor changes in the agreement are required | Consult TWC Office of General Counsel | C-205-3  C-205-4 |
| Determining which items of equipment to reclaim after customer’s death | Consultation with the State Office Program Specialist for Assistive and Rehabilitation Technology (PSART) | B-602-1 |
| **Durable Medical Equipment (DME)** | | |
| If the contracted rate of a power wheelchair is greater than $15,000 | State Office Program Specialist for Assistive and Rehabilitation Technology review and VR Manager approval | C-704-4 |
| If the contracted rate of manual wheelchair is greater than $10,000 | State Office Program Specialist for Assistive and Rehabilitation Technology review and VR Manager approval | C-704-4 |
| If the contracted rate of any other DME is greater than $5,000 | State Office Program Specialist for Assistive and Rehabilitation Technology review and VR Manager approval | C-704-4 |
| **Vehicles** | | |
| Vehicle modifications that cost more than $2,500 | VR Manager approval | C-204-2 |
| 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 |
| If VRC makes changes in the DARS3417 | TWC’s Office of General Counsel | C-204-8 |
| 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 |
| Vehicle repairs exceeding $250 | VR Manager approval | C-1402-8 |
| Repair of a vehicle not owned by the customer or a family member | VR Manager approval | C-1402-8 |
| Repair costs that exceed the vehicle’s value | Regional Director approval | C-1402-8 |
| Provision of a rental vehicle | VR Supervisor approval for 1-30 days; VR Manager approval for 31-60 days; Regional Director approval for 61+ days | C-1402-9 |
| Inclusion of vehicle payment assistance before included on an IPE or IPE amendment | VR Manager and Regional Director approval | C-204-11 |
| **Residential or Job Site Modifications** | | |
| Exceptions to obtaining an OT, PT, or PE assessment of the job-site or residential | Consultation with Regional Program Specialist (RPS) or the State Office Program Specialist for Assistive Rehabilitation Technology (PSART) and VR Manager approval | C-205-1 |
| Job site modifications (All) | Consultation with Regional Program Specialist (RPS) or the State Office Program Specialist for Assistive Rehabilitation Technology (PSART); VR Manager approval; | C-205-2 |
| Residential modifications (All) | Consultation with State Office Program Specialist for Assistive Rehabilitation Technology (PSART); VR Manager approval; | C-205-2 |

## Employment Services

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| **Situation, Good, or Service** | **Approval and/or consultation source** | **VRSM Reference** |
| **Work Experience** | | |
| A single work experience that lasts greater than 12 weeks. | VR Supervisor approval | C-423-1 |
| **Self-employment (including Supported Self Employment)** | | |
| Using a resource other than a CBTAC for self-employment services | Approval from State Program Specialist for Specialized Employment Strategies/VR | C-1102-11 |
| IPE with Self-Employment goal | Approval from VR Supervisor | C-1102-13 |
| 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 |
| Concept Development & Feasibility Study | Consultation with Regional Program Specialist assigned to self-employment or the Regional Program Support Specialist | C-1102-13 |
| Simple Business Plan up to $1,999,99 | Consultation with Regional Program Specialist assigned to self-employment or the Regional Program Support Specialist | C-1102-13 |
| 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; VR Manager approval | C-1102-13 |
| Comprehensive Business Plan up to $1,999.99 | Consultation with Regional Program Specialist assigned to self-employment or the Regional Program Support Specialist; VR Manager approval | C-1102-13 |
| Comprehensive Business Plan $2,000.00 to $4,999.99 | Consultation with Regional Program Specialist assigned to self-employment or the Regional Program Support Specialist; VR Manager approval. | C-1102-13 |
| 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; VR Manager approval | C-1102-13 |
| Comprehensive Business Plan $10,000.00 or more | Review by State Office Program Specialist for Specialized Employment Strategies/VR and VR Manager approval and Regional Director | C-1102-13 |
| Payment for any Supported Self-Employment Benchmark | VR Supervisor or VR Manager approval | C-1104-5 |
| Paying Legal Fees for Self-Employment | Consult with TWC Office of General Counsel and obtain VR Manager approval | C-1102-11 |

## Out of State Services or Payment Rates

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| **Situation, Good, or Service** | **Approval and/or consultation source** | **VRSM Reference** |
| **Out of State Services or Payment Rates** | | |
| Ensuring that out of state providers are properly credentialed | VR MAPS Provider Services | D-400 (placeholder) |
| 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 training, employment services, etc.). | VR Manager and Regional Director approval | D-400 (placeholder) |
| Out of state service provider is a Community Rehabilitation Program (CRP), but the standards in the other state are different from VR Standards for Providers. | Consultation with State Office program specialist and VR Manager approval | D-400 (placeholder) |
| Rehabilitation-center training outside of Texas | Regional Director approval | C-425-2 |
| Payment of out-of-state tuition to a Texas college or university; | Regional Director approval | C-415-7 |

## Training Services

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| **Situation, Good, or Service** | **Approval and/or consultation source** | **VRSM Reference** |
| **Training Services - General** | | |
| VAT services provided more than once | Regional Director approval | C-421-3 |
| Purchasing any training services from an out of state provider. | Regional Director approval | D-200 (placeholder) |
| Payment of out-of-state tuition to a Texas college or university | Regional Director approval | C-415-7 |
| Exceptions to the limitations for tuition and fees | VR Manager approval | C-415-7 |
| Training by a paid instructor exempt from Texas Workforce Commission regulation | Regional Director approval | C-420-2 |
| OJT training is expected to last longer than 3 months. | VR Supervisor approval | C-1007-5 |
| OJT plan will require VR to pay a higher percentage of reimbursement than defined in policy. | VR Supervisor approval | C-1007-5 |
| Vocational, technical, or academic training that exceeds timelines for completion. | VR Manager approval | C-416-3  C-412 |
| Continue sponsorship after a second change in the major course of study. | VR Manager approval | C-411-1 |
| 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-411-3 |
| Enrollment in any training program below full-time status. | VR Manager approval | C-411-2 |
| Pell grant awards must be applied towards the cost of tuition and fees. (This is a federal requirement). | No exceptions permitted | C-415-6 |
| **Pre-ETS** | | |
| Assistive Technology purchases made before the completion of the student's senior year of secondary school. | VR Supervisor approval | C-1305-5 |
| Transition student case transfer. | VR Supervisor approval | C-1307 |
| 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 |
| 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 |
| Budget for the proposed GST. | Regional Director approval | C-1305-11 |
| All Pre-ETS Temporary Learning Experience | Program Specialist approval from Pre-ETS mailbox | C-1305-8 |

## Psychological Services

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| **Situation, Good, or Service** | **Approval and/or consultation source** | **VRSM Reference** |
| **Psychological Services** | | |
| Evaluation or treatment of customers by a regional psychological consultant | VR Manager and Regional Director approval | C-800 (placeholder) |
| Request for psychological or neuropsychological test not listed in Maximum Affordable Payment Schedule | Consultation with Regional Psychological Consultant (RPC) and State Medical Director's review and approval | C-800 (placeholder) |
| Repeating the purchase of any psychological or behavioral health assessment or evaluation. | VR Supervisor approval | C-800 (placeholder) |
| Actions contrary to advice of regional psychological consultant. | VR Supervisor approval | C-800 (placeholder) |
| 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 |
| Inpatient psychiatric treatment is not sponsored by VR. | No exceptions. Refer to comp. benefit programs. | C-800 (placeholder) |
| More than 90 days of supportive residential service | VR Manager approval | C-808-4 |
| More than 3 months of service for IWPLST | VR Manager approval | C-904 |
| Purchase of prescription medication to treat a specific condition for longer than 3 months. | VR Supervisor approval | C-703-24 |

## Neurodevelopment Services

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| **Situation, Good, or Service** | **Approval and/or consultation source** | **VRSM Reference** |
| **Neurodevelopment Services** | | |
| If more than one exception to the 20-hour limit for ASD support service | VR Supervisor approval | C-802-6 |
| More than 60 intervention hours of social intervention over the lifetime of the case | Consultation with State Office Neurodevelopmental Program Specialist and VR Supervisor approval | C-803-4 |

## Medical Services

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| **Situation, Good, or Service** | **Approval and/or consultation source** | **VRSM Reference** |
| **General Medical Purchasing** | | |
| Evaluation or treatment of customers by a local medical consultant | VR Supervisor approval | C-701-2 |
| Before determining eligibility for customers with fractures. | State Medical Director review | B-308-1 |
| Before determining eligibility for customers with hernias, gallbladder disease, or gynecological conditions. | VR Manager approval | B-308-1 |
| Acute (emergency) medical care before determining Eligibility | VR Supervisor approval | B-308 |
| Medical services not listed in MAPS | Review and consultation with State Office Program Specialist for Physical Disabilities or Program Specialist for Physical Restoration Services and Local Medical Consultant (LMC) review | C-701-2 |
| Medical Devices with unlisted MAPS codes | State Medical Director approval | C-701-2 |
| Payments that exceed MAPS rates (including additional payment for medical treatment in unusually difficult or complicated cases) | State Medical Director approval | C-701-2 |
| Reduced payment agreement DARS3422 | Authorized hospital representative and Medical Services Coordinator (MSC); notify State Office Program Specialist for Physical Disabilities | C-702-6 |
| Recommended hospitalization greater than 14 days | State Office Program Specialist for Physical Disabilities consultation and VR Manager approval | C-702-7 |
| Payment for medical provider’s travel costs | State Office Program Specialist for Physical Disabilities for approval | C-701-8 |
| When VR payment will not continue | VR Manager approval of written notification to be sent to customer, hospital, attending physicians, other concerned parties | C-702-7 |
| Exceptions to existing hospital contracts | Medical Services Coordinator (MSC) or their designee completes [DARS3423, Exception to Contracted Hospital Purchase](http://darsnetmossx.dars.txnet.state.tx.us/documentcenter/forms/DARS3423.doc); VR Director approval; | D-210-3 |
| Exceptions to contracts other than hospital contracts | Memo requesting an exception is submitted through the management chain for VR Director approval | D-210-2 |
| Physical restoration services in a hospital, ambulatory surgical center, post-acute brain injury facility or medical school | Medical Services Coordinator (MSC) consultation to arrange services | C-703-33  C-701-2 |
| VRC/RA issued after-the-fact medical service authorization | VR Supervisor approval | C-701-4 |
| MSC/MST issued after-the-fact medical service authorization | Program Support Manager | C-701-4 |
| Replacement of service authorizations for which VR Manager or State Medical Director approval was required on the initial SA | VR Manager or State Medical Director approval | D-204-4 |
| Purchase of prescription medication to treat a specific condition for longer than 3 months. | VR Supervisor approval | C-703-24 |
| **Medical Services** | | |
| Surgical services | LMC review | C-701-2 |
| Payment of Co-surgeons | State Medical Director approval | C-701-2 |
| Actions contrary to a local medical consultant’s advice | State Medical Director approval | C-701-2 |
| Hiring new consultants | State Medical Director approval | C-701-2 |
| **Surgery, General** | | |
| Bariatric Surgery | Review by LMC, VR Manager approval, and State Medical Director approval | C-703-27 |
| Breast implant removal | Review by LMC, VR Manager approval, and State Medical Director approval | C-703-3 |
| Breast reduction surgery | Review by LMC, VR Manager approval, and State Medical Director approval | C-703-4 |
| **Surgery, Orthopedic/Neurosurgery** | | |
| Back or neck injections or neurotomy | LMC review and State Medical Director approval | C-703-1 |
| Back or neck surgery | LMC review; consultation with State Office Program Specialist for Physical Restoration Services; and VR Manager approval | C-703-2 |
| Spinal fusion surgeries involving three or more levels | LMC review and VR Manager approval and State Medical Director approval | C-703-2 |
| Discograms | State Medical Director approval | C-703-10 |
| Spinal cord stimulator or dorsal column stimulator | State Medical Director approval | C-703-29 |
| Electrical Bone Stimulators | LMC review | C-703-12 |
| **Orthoses and Prostheses** | | |
| Initial orthosis or difficulty with current orthosis | Evaluation by a physician | C-703-21 |
| Initial prosthesis or difficulty with current prosthesis | Orthopedic or physical medicine and rehabilitation specialist evaluation | C-703-21 |
| Prosthesis with unlisted MAPS codes | State Office Orthotic and Prosthetic Review Committee (OPRC) approval | C-703-21 |
| If VR cost for a prosthesis is equal to or greater than $12,500 without unlisted MAPS codes | University of Texas Southwestern (UTSW) review | C-703-21 |
| Functional Electrical Stimulation (FES) Devices | State Medical Director approval | C-703-21 |
| **Osteomyelitis** | | |
| Osteomyelitis treatment that is not a curative treatment | State Medical Director review and VR Supervisor approval | C-703-22 |
| Osteomyelitis treatment that is necessary due to a complication of a VR sponsored treatment | State Medical Director review and VR Supervisor approval | C-703-22 |
| **Rehabilitation Therapy** | | |
| More than 30 sessions or visits of any single outpatient rehabilitation therapy\* | VR Supervisor approval | C-703-26 |
| Chiropractic manipulation treatment | Written recommendation from a board certified Orthopedic or PM&R physician that includes the number of treatments | C-703-6 |
| More than 10 outpatient chiropractic manipulation treatments | State Medical Director approval | C-703-6 |
| Home health care that exceeds 30 sessions | VR Supervisor approval | C-703-17 |
| **Other Programs with Approval Requirements** | | |
| Post-Acute Brain Injury (PABI) Services for Vocational Rehabilitation (VR) – All exceptions to service arrays | VR Manager consultation. Review and approval by State Office Program Specialist for Physical Disabilities.  DARS3472, Contract Service Modification Form must be completed and signed by Regional Director or VR Division Director. | C-703-33 |
| Orientation and Mobility intern supervision | VR Manager supervises | C-604-1 |
| Residential PABI | Consultation and approval by the State Office Program Specialist for Physical Disabilities. | C-703-33 |
| Weight-loss programs | LMC review and State Medical Director approval | C-703-30 |
| Cardiac catheterization and or angiography. | LMC review and VR Manager approval | C-703-5 |
| Wound care with uncertain prognosis | Review by LMC and the Consult with State Office Program Specialist for Physical Disabilities of the status of the case; VR Supervisor approval; and Medical Services Coordinator (MSC) notification; | C-703-31 |
| **Deaf and Hard of Hearing Services** | | |
| Cochlear implant and bone anchored hearing aid surgery | The VR Program Specialist for the Deaf and Hard of Hearing (for customers accessing VR services) or Manager for Blind Services Field Support (for customers accessing Deafblind services) must review a courtesy case packet before planning surgery | C-703-7 |
| Cochlear implant and bone anchored hearing aid processor replacement | The Program Specialist for Deaf and Hard of Hearing (for customers accessing VR services) or Manager for Blind Services Field Support (for customers accessing deafblind services) must review a courtesy case packet before planning device replacement. | C-704-10 |
| Purchase of hearing aid | Medical clearance from an otologist or otolaryngologist. Audiological assessment completed by a licensed audiologist or hearing-aid specialist. | C-704-9 |
| **Eyeglasses and Contact Lenses** | | |
| The purchase of Irlen lenses | VRS State Optometric Consultant review and approval | C-703-13 |
| **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 |

## VRSM D-205-1 Purchasing Threshold Approval Requirements

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| **Purchase costs per item** | **Approval is needed from** | **Are Competitive Bids required?** |
| $2,000 or less | Caseload carrying staff | No |
| Greater than $2,000 but less than or equal to $5,000 | Pre-purchase review by administrative supervisor or purchasing specialist required | No |
| Greater than $5,000to $15,000 | VR Manager | Required for goods or services greater than $5,000 if the purchase is:   * Not a contracted item; * Not using the Maximum Affordable Payment Schedule; and/or * Not educational tuition. |
| $15,000 to $25,000 | RD or DRD | Required if the purchase is:   * Not a contracted item; * Not using the Maximum Affordable Payment Schedule; and/or * Not educational tuition. |
| $25,000 or greater | State Office (TBD) | Required if the purchase is:   * Not a contracted item; * Not using the Maximum Affordable Payment Schedule; and/or * Not educational tuition. |