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

Revised April 1, 2021

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## Caseload Management

(See D-205: Purchasing Threshold Requirements for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Caseload Management | | | |
| Any phase adjustment to a closed case status within the same program year. | VR Supervisor approval | B-206-2  B-206-5 | NA |
| Any phase adjustment to a closed case status outside of the program year or any phase adjustment of an open case after an application has been completed (exception: moving a case from employment back to active services). | Deputy Division Director for Field Services approval | B-206-1  B-206-2  B-206-5 | NA |
| Trial Work services for more than 12 months | VR Supervisor approval | B-310-7 | NA |
| Backdated purchases | * VR Supervisor approval (if issued by field office) or * Regional Program Support Manager (if issued by MSC/MST) | D-204-2  C-701-4 | Use of the case note approval process to document late generation of the SA is required in addition to the relevant RHW Purchasing Approval Workflow when required for the purchased good or service. |
| 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 | Use of the case note approval process to document late generation of the SA is required in addition to the relevant RHW Purchasing Approval Workflow when required for the purchased good or service. |
| 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 | Must document the issuance of the replacement SA incase notes in addition to the relevant RHW Purchasing Approval Workflow when required for the purchased good or service. |
| 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 | VR Manager approval | B-310-3 | VR Manager 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 | Deputy or Regional Director approval | B-310-3 | Deputy or Regional Director Approval |
| Financial Exceptions | | | |
| Exceptions to required customer participation in the cost of services (BLR). | VR Supervisor approval | D-203-4 | NA |
| Exceptions to required use of readily available comparable benefits | VR Manager approval | D-203-3 | NA |
| Interpreter Exceptions | | | |
| Use of a noncertified interpreter | Written approval from customer | C-305-4 | NA |
| 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 over $1,000 that are reported by the customer as stolen. | VR Supervisor approval | C-1407-3 | VR Supervisor 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 | NA |

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## Support Services

(See D-205: Purchasing Threshold Requirements for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Maintenance, Transportation, and Bus Tickets | | | |
| Nonrecurring maintenance that is equal to or greater than $400 for a single authorization | VR Manager approval  Note: You must email [VR RHW Provider Services](mailto:vr.rhw.providerservices@twc.state.tx.us) to have the customer established as a provider when equal to or greater than$400 | C-1401-3 | VR Manager Approval |
| Nonrecurring maintenance used to purchase Maximum Affordable Payment Schedule (MAPS) goods and services (only when the vendor will not accept a VR service authorization). Applicable MAPS rate must still be applied to determine the amount of maintenance to be paid and the process may not be used to exceed established MAPS fees | VR Manager approval | C-1401-3 | VR Manager Approval |
| All recurring maintenance service authorizations | 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 |
| If receipt is not turned in showing proof of payment to the provider for short term housing maintenance, or if it is determined that funds were not used for the intended purpose | VR Manager approval | C-1401-4 | VR Manager Approval |
| Short-term Housing that is paid for longer that a total of 3 months | VR Manager approval | C1401-5 | VR Manager Approval |
| Using any form of maintenance to cover the cost of any services or goods listed in VRSM C-1401-6 | TWC-VR state office executive management | C-1401-6 | State Office Approval |
| Mailing maintenance or transportation warrants to TWS-VR office | VR Manager approval | C-1401-6  C-1402-5 | VR Manager Approval |
| Transportation costs that are over $400 for a single service authorization (excluding airfare) | VR Manager approval | C-1402-3  C-1402-4 | VR Manager Approval |
| Recurring transportation service authorizations that exceed a total of 104 weeks (approvals are limited to six-months increments) | VR Manager approval | C-1402-3 | VR Manager Approval |
| If VR2181, Transportation Log, for recurring transportation is not turned in monthly or if it is determined that funds were not used for the intended purpose | VR Manager approval | C-1402-3 | 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) | VR Manager approval | C-1402-7 | VR Manager Approval |
| Personal Assistant Services (Attendant Care) every 6 months | VR Supervisor approval | C-1403-2 | VR Supervisor Approval |
| Payment of dues to a professional association or trade union | VR Manager approval | D-206-1  C-1406-2 | VR Manager Approval |
| Tools and Equipment greater than $5,000 to $15,000 | VR Manager approval | C-1407-3 | VR Manager Approval |
| Tools and Equipment greater than $15,000 to $25,000 | Regional Director or Deputy Regional Director approval | C-1407-3 | Deputy or Regional Director Approval |
| Tools and Equipment greater than $25,000 | VR Division Director approval | C-1407-3 | State Office Approval |

## Assistive and Rehab Technology, including modifications and repairs

(See D-205: Purchasing Threshold Requirements for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** | **RHW Purchase 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-204-8  C-205-3  C-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 | NA |
| Durable Medical Equipment (DME) | | | |
| DME with a service authorization over $5000 | * Consultation with State Office Program Specialist for Assistive and Rehabilitation Technology, and * VR Manager approval | C-704-4 | VR Manager Approval with Consultation |
| Vehicles | | | |
| All vehicle modifications and modification repairs | * VR Supervisor approval * Review with Texas A&M Transportation Institute (TTI) | C-204-1  C-204-3 | NA |
| Driver’s Training | Consultation with State Office Program Specialist for Assistive and Rehabilitation Technology | C-204-2 | Consultation Only |
| Vehicle repairs over $1,000 (aggregate amount) | VR Manager approval | C-1402-8 | VR Manager Approval |
| Repair costs that exceed the vehicle’s value | VR Manager approval | C-1402-8 | VR Manager Approval |
| Provision of a rental vehicle | VR Supervisor approval | C-1402-9 | VR Supervisor Approval |
| Vehicle payment assistance (includes monthly payments or down payment) | VR Supervisor approval | C-204-4 | VR Supervisor 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) | C-205-1 | Consultation Only |
| Job site modifications (All) | Consultation with State Office Program Specialist for Assistive Rehabilitation Technology (PSART) | C-205-2 | Consultation Only |
| Residential modifications that cost more than $1,000 | * 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

(See D-205: Purchasing Threshold Requirements for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Work Experience | | | |
| A single work experience that lasts greater than 12 weeks | VR Supervisor approval | C-421-1 | VR Supervisor 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 |
| Using a Simple Business plan for self-employment when the customer is not an independent contractor or subcontractor | Consultation with State Program Specialist for Specialized Employment Strategies/VR | C-1102-1 | Consultation Only |
| Before developing a formal business plan or IPE that includes self-employment as an outcome for SSI/SSDI beneficiaries | Consultation with Community Work Incentives Coordinator (CWIC) | C-1102-3 | NA |
| IPE with Self-Employment goal | Consultation with the regional specialist assigned to self-employment | C-1102-13 | NA |
| Any Business Plan that require certificates, permits, or licenses | Consultation with the regional specialist assigned to self-employment | C-1102-13 | NA |
| Concept Development & Feasibility Study | Consultation with the regional specialist assigned to self-employment | C-1102-13 | NA |
| Simple Business Plan or Comprehensive Business Plan with a cost of $5,000 or less | Consultation with the regional specialist assigned to self-employment | C-1102-13 | Consultation Only |
| Comprehensive Business Plan with a cost of $5,000.01-$15,000  (NOTE: business plans $5,000 or higher require a comprehensive business plan) | * Consultation with the regional specialist assigned to self-employment, and * VR Manager approval | C-1102-13 | VR Manager Approval with Consultation |
| Comprehensive Business Plan with a cost of $15,000.01 to $25,000 | * Consultation with the regional specialist assigned to self-employment, and * Deputy or Regional Director approval | C-1102-13 | Deputy or Regional Director Approval with Consultation |
| Comprehensive Business Plan with a cost over $25,000 | * Consultation with the regional specialist assigned to self-employment, and * VR Division Director approval | C-1102-13 | State Office Approval with Consultation |
| Payment of rent for self-employment during the first 6 months of the business | Consultation with the regional specialist assigned to self-employment | C-1102-11 | Consultation Only |
| 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

(See D-205: Purchasing Threshold Requirements for additional approval requirements).

|  |  |  |  |
| --- | --- | --- | --- |
| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** | **RHW Purchase 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 | D-206-3 | Consultation Only |
| Purchasing an out-of-state service that is ordinarily regulated in Texas but is not regulated in the state where the service is provided. (This includes out-of-state proprietary and vocational training and applies to purchases equal to or greater than $1,000 per SA). | * Consultation with State Office Program Specialist, and * VR Manager 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 equal to or greater than $1,000 per SA.) | * Consultation with State Office program specialist, and * VR Manager approval   Once approved, follow contract exception process | D-206-3 | VR Manager Approval with Consultation |
| Attending any training out-of-state requires VR Manager approval | VR Manager approval | D-206-3  C-412-5 | Out-of-State Training |

## Training Services

(See D-205: Purchasing Threshold Requirements for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Training Services - General | | | |
| Purchase of any outcome-based contracted training services provided more than once.  Notes: 1) There must be a significant change in circumstances to justify an additional purchase; and 2) This does not apply to services that are billed on an hourly basis. | VR Supervisor approval and completion of VR3472 | D-209-3  VR-SFP 3.6.4 | VR Supervisor Approval |
| Paying for an academic or vocational course more than twice | Consultation with VR Supervisor | C-411-3 | Consultation only |
| Purchasing any training services from an out-of-state provider | VR Manager approval | D-206-3 | Out-of-State Training |
| Exceptions to the limitations for tuition and fees at a College or University | VR Supervisor approval | C-412 | VR Supervisor Approval |
| Exceptions to the limitations for tuition and fees at a Proprietary Institution | * Consultation with State Office Program Specialist, and * VR Supervisor Approval | C-413 | VR Supervisor Approval with Consultation |
| Exceptions to the limitations for tuition and fees at a private or out-of-state training at a college or university | VR Supervisor approval | C-412-5 | VR Supervisor Approval |
| Exceptions to the limitation for books and supplies | VR Supervisor approval | C-415-2 | VR Supervisor Approval |
| Training by a paid instructor or school exempt from Texas Workforce Commission regulation | * Consultation with State Office Program Specialist, and * Deputy or Regional Director approval | C-409-2 | Deputy or Regional Director Approval with Consultation |
| 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 | Consultation with State Office Program Specialist for Employment Re-entry, Work Experience and Proprietary Schools | C-1007-5 | Consultation Only |
| 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 Supervisor approval | C-406-4 | VR Supervisor Approval |
| Continued VR-sponsorship after a second change in the major course of study | VR Supervisor approval | C-405-1 | VR Supervisor 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 Supervisor approval | C-405-3 | VR Supervisor Approval |
| Pre-ETS | | | |
| Assistive Technology purchases made before the completion of the student's senior year of secondary school | Consultation with the Regional Specialist for Transition Services | C-1305-5 | Consultation Only |
| GSTs | * Approval by the Regional Directors of the regions participating, and * Review by the State Office Program Specialist for Transition Services | C-1305-9 | NA |
| All Pre-ETS Temporary Learning Experience | Program Specialist consultation from Pre-ETS mailbox | C-1305-10 | Consultation Only |

## Psychological Services

(See D-205: Purchasing Threshold Requirements for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Psychological Services | | | |
| Evaluation or treatment of customers by a regional psychological consultant | VR Supervisor approval | C-804-2 | VR Supervisor Approval |
| Request for psychological or neuropsychological test not listed in Maximum Affordable Payment Schedule (MAPS) | Consultation with Regional Psychological Consultant (RPC) | 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 | NA |
| Authorizing more than 15 individual outpatient counseling sessions or 30 group counseling sessions or a combination of the two | VR Supervisor approval | C-804-2 | VR Supervisor Approval |
| More than 90 days of supportive residential service | VR Supervisor approval | C-808-4 | VR Supervisor 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-804-2  C-703-24 | VR Supervisor Approval |

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## Medical Services

See [D-205: Purchasing Threshold Requirements](https://twc.texas.gov/vr-services-manual/vrsm-d-200#d205) for additional approval requirements.

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| General Medical Purchasing | | | |
| Evaluation or treatment of customers by a local medical consultant | Consultation with State Office Program Specialist for Physical Disabilities | B-101-7 | Consultation Only |
| Before determining eligibility for customers with fractures, including malunion or nonunion fractures | * Consultation with VR Manager prior to sending to medical director, and * Consultation with State Medical Director to confirm the type of fracture and stability | B-308-1  C-703-33 | NA |
| Acute (emergency) medical care before determining Eligibility | VR Supervisor approval | B-308-4 | NA |
| Medical services not listed in MAPS | * Local Medical Consultant (LMC) review (excludes eye surgery/treatment), 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 | Consultation with VR MAPS Provider Services | 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 |
| 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 |
| Purchase of prescription medication to treat a specific condition for longer than 3 months | VR Supervisor approval | C-703-24 | VR Supervisor Approval |
| Physical restoration services in a hospital, ambulatory surgical center, 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 | NA |
| Surgery, General | | | |
| Bariatric Surgery | * Review by LMC, * Consultation with VR Manager prior to sending to medical director, and * VR Manager approval, and * State Medical Director approval | C-703-27 | VR Manager Approval with Consultation |
| Breast implant removal | * Review by LMC, * VR Manager approval, and * State Medical Director approval | C-703-3 | VR Manager Approval with Consultation |
| Breast reduction surgery | * Review by LMC, * VR Manager approval, and * State Medical Director approval | C-703-4 | VR Manager Approval with Consultation |
| Bilateral Total Knee Replacement (Simultaneous) | * Review by LMC, * Consultation with VR Manager prior to sending to medical director, and * State Medical Director approval | C-703-35 | Consultation Only |
| Surgery, Orthopedic/Neurosurgery | | | |
| Back or neck injections or neurotomy | * Review by LMC, * VR Manager approval, and * State Medical Director approval | C-703-1 | VR Manager 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, * VR Manager approval, and * State Medical Director approval | C-703-2 | VR Manager Approval with Consultation |
| Discograms | * Review by the LMC, * 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 | | | |
| 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, * Consultation with VR Manager prior to sending to medical director, and * 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 |
| 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 | | | |
| ESBI evaluations and recommendations of the IDT before the Interdisciplinary Program Plan (IPP) and the Individualized Plan for Employment (IPE) are completed. | Consultation with the State Physical Medicine and Rehabilitation Consultant or State Neuropsychological Consultant | C-705-3 | NA |
| ESBI residential services beyond four months | VR Supervisor approval in 30-day increments | C-705-3 | VR Supervisor Approval |
| ESBI nonresidential beyond 12 weeks | VR Supervisor approval in 30-day increments | C-705-4 | VR Supervisor Approval |
| Weight-loss programs | * VR Supervisor consultation, * Consultation with VR Manager prior to sending to medical director, and * LMC review and State Medical Director approval | C-703-30 | Consultation Only |
| Cardiac catheterization and or angiography. | * LMC review * VR Manager approval, and * State Medical Director approval | C-703-5 | VR Manager Approval with Consultation |
| Wound care that involves an uncertain prognosis, such as abscess or infection. | * LMC review, * Consultation 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 * VR Manager approval | C-703-7 | VR Manager 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 * VR Manager approval | C-704-11 | VR Manager with Consultation |
| 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 |
| Eye Surgery and Treatment | | | |
| Vision therapy | State Optometric Consultant approval | C-703-36 | NA |
| Eye injections exceeding 12 (per eye) | State Ophthalmological Consultant approval | C-703-36 | NA |
| Crosslinking recommended surgery | State Ophthalmological Consultant approval | C-703-36 | NA |
| Eye injections in excess of $300 per injection | State Ophthalmological Consultant approval | C-703-36 | NA |

## Administrative Approvals

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| --- | --- | --- | --- |
| Transferring an entire caseload | Regional Director approval | D-304-4 | NA |
| Exceptions to standard TxROCS User Roles | VR Field Service Delivery Director approval | D-403-3  TxROCS User Role Table | NA |

Questions about required consultations and approvals can be submitted to the [VRSM.Support@twc.state.tx.us](mailto:VRSM.Support@twc.state.tx.us) or to the appropriate regional or state office program specialist.