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

Revised October 1, 2020

**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. | * 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 | D-209-3  VR-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 at a College or University | VR Manager approval | C-412 | VR Manager Approval |
| Exceptions to the limitations for tuition and fees at a Proprietary Institution | * Consultation with State Office Program Specialist, and * VR Manager Approval | C-413 | VR Manager Approval with Consultation |
| 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-401  C410-2 | NA |
| **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-1305-9 | NA |
| When another family member requests to participate in the Group Skills Training (GST) in place of the parent or guardian | VR Manager approval | C-1305-8 | NA |
| Budget for the proposed GST | Regional Directorapproval | C-1305-8 | NA |
| All Pre-ETS Temporary Learning Experience | Program Specialist consultation from Pre-ETS mailbox | C-1305-10 | Consultation Only |
| Enrollment in dual credit courses below full-time status | VR Supervisor approval | C-1305-14 | VR Supervisor Approval |

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**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 | 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 | 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 |
| Inpatient psychiatric treatment is not sponsored by VR | No exceptions. Refer to comp. benefit programs. | C-804-2 | NA |
| 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-804-2  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 | VR Manager approval | C-701-2 | VR Manager Approval |
| 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 |
| Before determining eligibility for customers with hernias, gallbladder disease, or gynecological conditions | VR Supervisor approval | B-308-1 | 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 | 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, and, * Deputy or 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 |
| 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 |
| Hiring new medical consultants | * 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, * Consultation with VR Manager prior to sending to medical director, and * State Medical Director approval, and * DRD approval | C-703-3 | Deputy or Regional Director Approval with Consultation |
| Breast reduction surgery | * Review by LMC, * Consultation with VR Manager prior to sending to medical director, and * 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 * 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, * Consultation with VR Manager prior to sending to medical director, and * 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, * Consultation with VR Manager prior to sending to medical director, and * 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 | NA |
| Initial prosthesis or difficulty with current prosthesis | Orthopedic or physical medicine and rehabilitation specialist evaluation | C-703-21 | NA |
| 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, * 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 |
| 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 |
| 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 | NA |
| 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 | | | |
| Before making an eligibility determination on customers with brain injury | Consultation with the State Physical Medicine and Rehabilitation Consultant or State Neuropsychological Consultant | C-705-2 | NA |
| 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 Manager approval in 30-day increments | C-705-3 | VR Manager Approval |
| ESBI nonresidential beyond 12 weeks | VR Manager approval in 30-day increments | C-705-4 | VR Manager 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, 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 | NA |
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| 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/Treatment** | | | |
| Vision Therapy | * State Optometric Consultant approval | C-703-36 | N/A |
| Eye injections exceeding 12 (per eye) | * State Ophthalmological Consultant approval | C-703-36 | N/A |
| Crosslinking recommended surgery | * State Ophthalmological Consultant approval | C-703-36 | N/A |
| Prescription injections for and in excess of $300 per injection | * State Ophthalmological Consultant approval | C-703-36 | N/A |

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.

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