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

**Revised April 1, 2019; retired and replaced July 1, 2019**

[Overview of Table 2](#_Toc524422530)

[Delegating Required Actions 2](#_Toc524422531)

[Case Review 2](#_Toc524422532)

[Condition-Specific Requirements 2](#_Toc524422533)

[Exceptions to Published Policies and Procedures 3](#_Toc524422534)

[Key Terms 3](#_Toc524422535)

[Approval 3](#_Toc524422536)

[Chain of Command 3](#_Toc524422537)

[Consultation 3](#_Toc524422538)

[Notification 3](#_Toc524422539)

[Caseload Management 4](#_Toc524422540)

[Contracted Services 6](#_Toc524422541)

[Support Services 6](#_Toc524422542)

[Assistive and Rehab Technology, including modifications and repairs 7](#_Toc524422543)

[Employment Services 8](#_Toc524422544)

[Out of State Services or Payment Rates 10](#_Toc524422545)

[Training Services 10](#_Toc524422546)

[Psychological Services 12](#_Toc524422547)

[Neurodevelopment Services 12](#_Toc524422548)

[Medical Services 13](#_Toc524422549)

## 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.

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.

## 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.

## Caseload Management

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** |
| --- | --- | --- |
| Caseload Management | | |
| Any phase adjustment to a case status within the same quarter  Note: Phase adjustments outside the quarter are not allowed | VR Supervisor approval | B-206-2  B-206-5 |
| Any Extension of Time (EOT) for a lapsed Eligibility due date. | VR Supervisor approval | B-303-2 |
| Any additional EOT’s for eligibility (past the first one), regardless of whether or not the additional EOT is completed prior to the end of the first EOT | VR Supervisor approval | B-303-2 |
| Trial Work services for more than 12 months | VR Supervisor approval | B-310-7 |
| Closing a case in trial work as disability too significant to benefit from services | VR Supervisor approval | B-310-8  B-312 |
| Closing a case disability too significant to benefit from services | VR Supervisor approval | B-312-5  B-604-1 |
| Any EOT for a lapsed IPE due date | VR Supervisor approval | B-503-1 |
| Any additional EOT’s for IPE (past the first one), regardless of whether or not the additional EOT is completed prior to the end of the first EOT. | VR Supervisor approval | B-503-1 |
| Changing the level of significance of a case to a lower level of significance. | VR Supervisor approval | B-309-2  C-1201-2 |
| 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 |
| 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 |
| 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 |
| 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. * Services or goods to support any of these items | VR Division Director approval | B-310-3 |
| Financial Exceptions | | |
| Exceptions to required customer participation in the cost of services (BLR). | VR Manager approval | D-203-4 |
| Exceptions to required use of readily available comparable benefits | VR Manager approval | D-203-3 |
| Interpreter Exceptions | | |
| Use of a noncertified interpreter | Written approval from customer | C-305-4 |
| Legal Exceptions | | |
| Paying any legal fees for self-employment | Consultation with TWC Office of General Counsel | C-1102-11 |
| Replacement of “tools and equipment” that are reported by the customer as stolen. | * Replacement cost up to $200 requires VR Supervisor approval * Replacement cost over $200 requires VR Manager approval * Replacement cost over $1,000 requires RD approval | C-1407-3 |
| 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 |
| 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 | VR Field Service Delivery Director approval | D-403-3  TxROCS User Role Table |

## Contracted Services

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** |
| --- | --- | --- |
| Provider Requirements | | |
| Use of noncontracted nontraditional provider | Regional Quality Assurance Specialist approval | C-1005-1 |
| Use of non-contracted transition educator provider | Regional Quality Assurance Specialist 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

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** |
| --- | --- | --- |
| Maintenance, Transportation, and Bus Tickets | | |
| Non-recurring maintenance that is equal to or greater than $200 (single transactions) | VR Manager approval  Note: You must email [RHW Data](mailto:vr.rhw.DataMaintenance@twc.state.tx.us) Maintenance to have the customer established as a provider when >$400 | C-1401-3 |
| Non-recurring transportation greater than $200 (single transactions) | VR Manager approval  Note: You must email [RHW Data](mailto:vr.rhw.DataMaintenance@twc.state.tx.us) Maintenance to have the customer established as a provider when >$400 | 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 | C-1401-5 |
| Mailing maintenance or transportation warrants to TWS-VR office | VR Manager approval | C-1401-6 |
| 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 |
| Purchase of local bus tickets, passes, tokens, transfers, etc., in bulk for customers | VR Manager approval | C-1402-6 |
| Personal Assistant Services (Attendant Care) every 6 months | VR Supervisor approval | C-1403-2 |
| 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 approval | D-206-1 |

## Assistive and Rehab Technology, including modifications and repairs

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** |
| --- | --- | --- |
| Assistive Rehab. Tech. – General | | |
| Assistive technology devices and services (except for eye glasses and hand controls) before determining eligibility | VR Supervisor approval | B-308 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 over $250, but less than $1,000 (aggregate amount) | VR Manager approval | C-1402-8 |
| Vehicle repairs over $1,000 (aggregate amount) | Regional Director approval | C-1402-8 |
| Repair costs that exceed the vehicle’s value | Regional Director approval | C-1402-8 |
| Provision of a rental vehicle | * VR Manager approval for 1-60 days * Regional Director approval for 61+ days | C-1402-9 |
| Vehicle payment assistance (includes monthly payments or down payment) | 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 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) and VR Manager approval | C-205-2 |
| Residential modifications (All) | Consultation with State Office Program Specialist for Assistive Rehabilitation Technology (PSART) and VR Manager approval | C-205-2 |

## Employment Services

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** |
| --- | --- | --- |
| Work Experience | | |
| A single work experience that lasts greater than 12 weeks | VR Manager approval | C-421-1 |
| Self-employment (including Supported Self Employment) | | |
| Using a resource other than a Certified Business Technical Assistance Consultant (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 * Regional Director approval | 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 | Consultation with TWC Office of General Counsel | C-1102-11 |

## Out of State Services or Payment Rates

|  |  |  |
| --- | --- | --- |
| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** |
| 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  Regional Director approval | D-206-3 Purchasing |
| 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  Regional Director approval | D-206-3 |
| 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 Manager approval  Once approved, follow contract exception process | D-206-3 |
| Attending any training out-of-state requires RD approval.  (Applies to purchases >$1,000 per SA.) | Regional Director approval | D-206-3  C-415-1 |
| Attending college or university in Texas at out of state tuition rate. | Regional Director approval | C-415-7 |

## Training Services

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** |
| --- | --- | --- |
| 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-209-3  VR-SFP 3.6.4 |
| Repeating academic or vocational courses more than one time | Consultation with VR Supervisor | C-412-3 |
| Purchasing any training services from an out of state provider | Regional Director approval | D-206-3 |
| Exceptions to the limitations for tuition and fees | VR Manager approval | C-414-7 |
| Training by a paid instructor exempt from Texas Workforce Commission regulation | VR Field Service Delivery Director | C-418-2 |
| 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 |
| 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-415-3  C-411 |
| Continued VR sponsorship after a second change in the major course of study | VR Manager approval | C-410-1 |
| 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-410-3 |
| Enrollment in any training program below full-time status | VR Supervisor approval | C-410-2 |
| Pell grant awards must be applied towards the cost of tuition, fees, and other educational expenses | Federal Requirement. No exceptions permitted. | C-414-6 |
| Pre-ETS | | |
| Assistive Technology purchases made before the completion of the student's senior year of secondary school | VR Supervisor approval | C-1305-5 |
| 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

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** |
| --- | --- | --- |
| Psychological Services | | |
| Evaluation or treatment of customers by a regional psychological consultant | Regional Director approval | C-804-2 |
| Request for psychological or neuropsychological test not listed in Maximum Affordable Payment Schedule (MAPS) | Consultation with Regional Psychological Consultant (RPC) and State Medical Director's approval | C-804-2) |
| Repeating the purchase of any neuropsychological or psychological assessment or evaluation | VR Supervisor approval | C-804-2 |
| Actions contrary to advice of regional psychological consultant | Consultation with VR Manager and State Medical Director approval | C-804-2 |
| 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-804-2 |
| More than 90 days of supportive residential service | VR Manager approval | C-808-4 |
| More than 3 months of service for Intensive Work Preparation and Life Skills Training (IWPLST) | VR Manager approval | C-904 |
| Purchase of prescription medication to treat a specific condition for longer than 90 days | VR Supervisor approval | C-804-2  C-703-24 |

## Neurodevelopment Services

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** |
| --- | --- | --- |
| 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-803  C-804-2  C-802-6 |
| If more than one exception to the 20-hour limit for ASD support service | * VRC can make first exception (up to 20 hours) * VR Supervisor approval anything after the first exception (20-hour increments) | C-802-6 |
| 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 |

## Medical Services

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** |
| --- | --- | --- |
| General Medical Purchasing |  |  |
| Evaluation or treatment of customers by a local medical consultant | VR Manager approval | C-701-2 |
| 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 |
| Before determining eligibility for customers with hernias, gallbladder disease, or gynecological conditions | VR Supervisor approval | B-308-1 |
| Acute (emergency) medical care before determining Eligibility | VR Supervisor approval | B-308-4 |
| Medical services not listed in MAPS | * Local Medical Consultant (LMC) review * Consultation with State Office Program Specialist for Physical Disabilities or Program Specialist for Physical Restoration Services | C-701-2 |
| Medical Devices with unlisted MAPS codes | * Consultation with VR Manager prior to sending to medical director * State Medical Director approval | C-701-2 |
| 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 * State Medical Director approval | C-701-2 |
| Ensuring that MAPS services from out-of-state providers are properly credentialed | VR MAPS Provider Services approval | D-206-3 |
| Reduced payment agreement VR3422 | * Consultation with VR Manager prior to sending to state office * 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 | * Consultation with VR Manager prior to sending to state office * Consultation with State Office Program Specialist for Physical Disabilities * VR Manager approval | C-702-7 |
| Payment for medical provider’s travel costs | * Deputy Regional Director approval * Consultation with State Office Program Specialist for Physical Disabilities | C-701-8 |
| Termination of authorization for payment of medical treatment when treatment extends beyond the | 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 VR3423, Exception to Contracted Hospital Purchase * 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 | Consultation with Medical Services Coordinator (MSC) to arrange services | C-703-33  C-701-2 |
| Medical Services | | |
| Surgical services (except eye surgeries) | LMC review | C-701-2 |
| Payment of Co-surgeons | * Consultation with VR Manager prior to sending to medical director * State Medical Director approval | C-701-2 |
| Actions contrary to a local medical consultant’s (LMC) advice | * Consultation with VR Manager prior to sending to medical director * State Medical Director approval | C-701-2 |
| Hiring new medical consultants | * Consultation with VR Manager prior to sending to medical director * 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, * DRD consultation and approval, and * State Medical Director approval | C-703-3 |
| Breast reduction surgery | * Review by LMC, * DRD consultation and approval, and * State Medical Director approval | C-703-4 |
| Bilateral Total Knee Replacement (Simultaneous) | * Review by LMC, and * State Medical Director approval | C-703-35 |
| Surgery, Orthopedic/Neurosurgery | | |
| Back or neck injections or neurotomy | * Review by LMC, * DRD consultation and approval, and * State Medical Director approval | C-703-1 |
| Back or neck surgery | * LMC review, * consultation with State Office Program Specialist for Physical Disabilities Services, and * VR Manager approval | C-703-2 |
| Spinal fusion surgeries involving three or more levels | * Review by LMC, * DRD consultation and approval, and * State Medical Director approval | C-703-2 |
| Discograms | * VR Manager consultation prior to sending to medical director * State Medical Director approval | C-703-10 |
| Spinal cord stimulator or dorsal column stimulator | * VR Manager consultation prior to sending to medical director * 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 (prior to services). | 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 | * Consultation with VR Manager prior to sending to State Office Orthotic and Prosthetic Review Committee (OPRC) * 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 and does not include unlisted MAPS codes | * Consultation with VR Manager prior to sending to UTSW * University of Texas Southwestern (UTSW) review | C-703-21 |
| Functional Electrical Stimulation (FES) Devices | * Consultation with VR Manager prior to sending to State Medical Director * State Medical Director approval | C-703-21 |
| Osteomyelitis | | |
| Osteomyelitis treatment that is not a curative treatment | * LMC review * VR Manager approval * State Medical Director approval | C-703-22 |
| Osteomyelitis treatment that is necessary due to a complication of a VR sponsored treatment | * LMC review * VR Manager approval * State Medical Director 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 maximum number of allowed treatments | C-703-6 |
| More than 10 outpatient chiropractic manipulation treatments | * VR Manager consultation * 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 | * Consultation with VR Manager * State Office Program Specialist for Physical Disabilities approval * VR3472, Contract Service Modification Form must be completed and signed by Regional Director or VR Division Director | C-703-33 |
| Residential PABI | Consultation and approval by the State Office Program Specialist for Physical Disabilities | C-703-33 |
| Weight-loss programs | * VR Supervisor consultation * 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 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 |
| 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) * DRD approval. | C-703-7 |
| 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) * DRD approval | C-704-11 |
| 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 |
| Eyeglasses and Contact Lenses | | |
| The purchase of Irlen lenses | * Consultation with VR Supervisor * VR State Optometric Consultant 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 * VR Manager approval | C-703-8 |