# PART E, CHAPTER 5:Approvals and Consultations

**Table of Contents**

[PART E, CHAPTER 5: Approvals and Consultations 1](#_Toc175217868)

[Overview of Table 2](#_Toc175217869)

[Delegating Required Actions 2](#_Toc175217870)

[Documentation Requirements 3](#_Toc175217871)

[Case Review 3](#_Toc175217872)

[Exceptions to Published Policies and Procedures 3](#_Toc175217873)

[Purchasing Threshold Requirements 3](#_Toc175217874)

[Key Terms 4](#_Toc175217875)

[Approval 4](#_Toc175217876)

[Chain of Command 4](#_Toc175217877)

[Consultation 4](#_Toc175217878)

[Notification 4](#_Toc175217879)

[RHW Purchase Approvals 5](#_Toc175217880)

[Caseload Management 5](#_Toc175217881)

[Contracted Services 7](#_Toc175217882)

[Support Services 8](#_Toc175217883)

[Assistive and Rehab Technology, including modifications and repairs 11](#_Toc175217884)

[Employment Services 13](#_Toc175217885)

[Out-of-State Services or Payment Rates 15](#_Toc175217886)

[Training Services 15](#_Toc175217887)

[Psychological Services 18](#_Toc175217888)

[Neurodevelopmental Services 19](#_Toc175217889)

[Medical Services 20](#_Toc175217890)

[Administrative Approvals 27](#_Toc175217891)

[Review 28](#_Toc175217892)

## 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, and reviews must be

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

Refer to VRSM Part D Chapter 3: Purchasing Goods and Services for additional policies and procedures, including competitive bidding requirements.

## Delegating Required Actions

Required actions that are assigned to VR staff at the unit level must be completed by the 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.

If there is more than one approval needed for one service (e.g., VR Manager approval required for out-of-state training and VR Supervisor approval for an exception to the limitations on out-of-state training fees), staff may combine them into one approval with the highest level of supervision required providing the entire approval. However, if there are two distinctly separate services (e.g., out-of-state training and cochlear implant surgery), approvals should be documented separately.

## Documentation Requirements

Required consultations and approvals must be documented in RHW by entering an Approval Response case note or completing the appropriate RHW Purchase Approval Workflow in RHW. When utilizing a RHW Purchase Approval Workflow, the comments entered by the requestor and approver must include the same content that is required in an Approval Request and Approval Response case note. Refer to VRSM Part E Chapter 8: Case Note Requirements for specific requirements.

## Case Review

Case reviews are documented by the reviewer in Texas Review, Oversight, and Coaching System (TxROCS). While not required, it is recommended that approvals and consultations be captured in a case review since the approver or consultant has reviewed the case as a part of the process.

## 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.

## Purchasing Threshold Requirements

Purchasing thresholds are established to ensure that management oversees purchases in accordance with the VR Grant award (2 CFR 200) regarding the use of internal controls and compliance with state procurement requirements. The purchasing threshold requirements that are outlined in VRSM Part D Chapter 3: Purchasing Goods and Services must be added to the approval and consultation requirements that are included in the table below.

**Note:** Purchasing threshold approvals may be documented using an approval case note or using the RHW Purchase Approval Workflow if combining with other required approvals. Required approvals are documented prior to issuing the service authorization.

## 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 or through the RHW Purchase Approval process.

### Chain of Command

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

### Consultation

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

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

### Notification

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

### RHW Purchase Approvals

The RHW Purchase Approval process is used only to document the approval process for purchases. All other required approvals and consultations must be documented using the appropriate case note processes and procedures. Refer to VRSM Part E Chapter 8: Case Note Requirements for additional information about documenting consultations and approvals with case notes.

A RHW Purchase Approval Category is a drop-down option in RHW that staff will use to initiate documentation of required consultations and approvals (see RHW Users’ Guide E-100 – Purchase Approval Requests for additional information) that are directly associated with the purchase of a good or service with VR funds. RHW Purchase Approval Categories are representative of the type of required consultation or approval that is needed but may not be an exact match to the terminology used in the “required action” section of the table.

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

## Caseload Management

(See VRSM Part D Chapter 3: Purchasing Goods and Services for additional approval requirements).

| **Situation, Good, or Service** | **Required Action**  | **VRSM Reference** | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Any phase adjustment to a closed case status within the same program year quarter. | VR Supervisor approval | E.3.2 | N/A |
| Phase adjustment to a closed case status outside of the program year quarter  | * Deputy Division Director for Field Services approval and
* email VR RHW Support to phase adjust after approval
 | E.3.2 | N/A |
| Trial Work services for more than 12 months | VR Supervisor approval | B.6 | N/A |
| Backdated purchases  | * VR Supervisor approval (if issued by field office) or
* Regional Program Support Manager (if issued by MSC/MST)
 | D.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 in place and linked to the replacement service record before issuing the replacement SA.
 | D.3 | 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
* Any services related to self-employment
* Modification of vehicles
* Academic or vocational training
* Medical services specified in VRSM C-700 Medical Services
* Services or goods to support any of these items
 | VR Supervisor approval | B.6 | VR Supervisor Approval |
| Exceptions to required customer participation in the cost of services (BLR). | VR Manager approval  | C.2.3 | N/A |
| Exceptions to required use of readily available comparable benefits  | VR Manager approval | C.2.2 | N/A |
| Use of a noncertified interpreter  | Written approval from customer  | C.17 | N/A |
| Paying any legal fees for self-employment | Consultation with TWC Office of General Counsel | C.9.1 | Consultation Only |
| 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 | Notify TWC Risk and Security Management through Incident Reporting Process | C.16.5 |  N/A |
| 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.8  | N/A |

## Contracted Services

(See VRSM Part D Chapter 3: Purchasing Goods and Services for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Bilateral contractor is not available or cannot meet the customer needs for Employment ServicesEstablishing a noncontracted nontraditional provider | Consultation with Regional Quality Assurance Specialist  | D.5 | Consultation Only |
| Bilateral contractor is not available or cannot meet the customer needs for Employment ServicesEstablishing a non-contracted transition educator provider | Consultation with Regional Quality Assurance Specialist  | D.5 | Consultation Only |
| Exceptions to the requirement for a contract to establish a business relationship | Vocational Rehabilitation Division Director or designee approval | D.3  | State Office Approval |

## Support Services

(See VRSM Part D Chapter 3: Purchasing Goods and Services for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference**  | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Nonrecurring maintenance that is equal to or greater than $400 for a single authorization  | VR Manager approvalNote: You must email VR RHW Provider Services to have the customer established as a provider when equal to or greater than$400 | C.16.2 | VR Manager Approval |
| Nonrecurring maintenance to purchase goods or services that have more specific purchasing processes and/or specifications available in RHW. | VR Manager approval | C.16.2 | 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.16.2 | VR Manager Approval |
| All recurring maintenance service authorizations | VR Manager approval | C.16.2  | VR Manager Approval |
| All short-term housing maintenance service authorizations. Approval is limited to three-month increments (cumulatively or consecutively). | VR Manager approval | C.16.2 | 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.16.2 | VR Manager Approval |
| All Short-term Housing service authorizations. Approval is limited to three-month increments (cumulatively or consecutively). | VR Manager approval | C.16.3 | 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.16.2 | State Office Approval |
| Mailing maintenance or transportation warrants to TWS-VR office | VR Manager approval | C.16.2C.16.4 | VR Manager Approval |
| Transportation costs that are over $400 for a single service authorization (excluding airfare) | VR Manager approval | C.16.4 | 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.16.4 | 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.16.4 | VR Manager Approval |
| More than four round-trip economy airfare tickets per year for customers that are attending training (Includes both in-state, out-of-state, and CCRC training) | VR Manager approval | C.16.4 | VR Manager Approval |
| Personal Assistant Services (Attendant Care) every 6 months | VR Supervisor approval | C.16.1  | VR Supervisor Approval |
| Tools and Equipment greater than $5,000 to $15,000 | VR Manager approval | C.16.5 | VR Manager Approval |
| Tools and Equipment greater than $15,000 to $25,000 | Regional Director or Deputy Regional Director approval | C.16.5 | Deputy or Regional Director Approval |
| Tools and Equipment greater than $25,000 | VR Division Director or designee approval | C.16.5 | State Office Approval |
| When using WorkQuest in lieu of a Workforce Development Board (WDB) for the wage services for students and youth with disabilities when the WDB provides wage services.Note: If the WDB does not provide wage services, VR Supervisor approval is not required. Refer to the Year-Round Paid Work Experience intranet page for the list of WDBs that provide wage services.  | VR Supervisor approval | C.7 | VR Supervisor Approval |

## Assistive and Rehab Technology, including modifications and repairs

(See VRSM Part D Chapter 3: Purchasing Goods and Services for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference**  | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Assistive technology devices and services (except for eye glasses) before determining eligibility | VR Supervisor approval | B.4  | VR Supervisor Approval |
| Assistive technology purchases with a cumulative cost greater than $10,000, except for those recommended in an AT evaluation report from the Assistive Technology Unit (ATU).  | Consultation with the State Office Program Specialist for Assistive and Rehabilitation Technology (PSART)  | C.15 | 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.15 | N/A |
| 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.15 | N/A |
| DME with a service authorization over $10,000 | Consultation with State Office Program Specialist for Assistive and Rehabilitation Technology | C.5.2.d | Consultation Only |
| All vehicle modifications and modification repairs | * VR Supervisor approval
* Review with Texas A&M Transportation Institute (TTI)
 | C.15 | N/A |
| Driver’s Training exceeding 20 hours | Consultation with State Office Program Specialist for Assistive and Rehabilitation Technology | C.15 | N/A |
| Vehicle repairs over $2,500 (aggregate amount) | VR Supervisor approval | C.16.4 | VR Supervisor Approval |
| Repair costs that exceed the vehicle’s value | VR Supervisor approval | C.16.4 | VR Supervisor Approval |
| Provision of a rental vehicle | VR Supervisor approval | C.16.4 | VR Supervisor Approval |
| Vehicle payment assistance (includes monthly payments or down payment) | Consultation with State Office Program Specialist for Assistive and Rehabilitation Technology (PSART) | C.15 | Consultation Only |
| Exceptions to obtaining an OT, PT, ATP, or PE assessment of the job site or residential  | Consultation with the State Office Program Specialist for Assistive Rehabilitation Technology (PSART) | C.15 | N/A |
| Job site modifications (All)  | Consultation with the State Office Program Specialist for Assistive Rehabilitation Technology (PSART) | C.15 | N/A |
| Residential modifications that cost more than $5,000 | * Consultation with State Office Program Specialist for Assistive Rehabilitation Technology (PSART), and
* VR Supervisor approval
 | C.15 | VR Supervisor Approval with Consultation |

## Employment Services

(See VRSM Part D Chapter 3: Purchasing Goods and Services for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference**  | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Before issuing an SA to purchase a Job Development and Placement benchmark more than once for Supported Employment | VR Supervisor approval | C.13 | VR Supervisor Approval |
| Before approving six or more Job Retention Benchmarks for Supported Employment | Consultation with supervisor documented in a case note | C.13 | Consultation Only |
| Before issuing an SA to purchase a benchmark more than once for job placement | VR Supervisor Approval | C.12.4.c | VR Supervisor Approval |
| A single work experience that lasts greater than 12 weeks | VR Supervisor approval | C.12.3.a | VR Supervisor Approval |
| 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.9.1 | 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.9.1 | 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.9.1 | N/A |
| IPE with Self-Employment goal | Consultation with the regional specialist assigned to self-employment | C.9.1 | N/A |
| Any Business Plan that require certificates, permits, or licenses | Consultation with the regional specialist assigned to self-employment | C.9.1 | N/A |
| Concept Development & Feasibility Study | Consultation with the regional specialist assigned to self-employment | C.9.1 | N/A |
| 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.9.1 | Consultation Only |
| Comprehensive Business Plan with a cost of $5,000.01 to $15,000.00(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.9.1 | VR Manager Approval with Consultation |
| Comprehensive Business Plan with a cost of $15,000.01 to $25,000.00 | * Consultation with the regional specialist assigned to self-employment; and
* Deputy or Regional Director approval
 | C.9.1 | 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 or designee approval
 | C.9.1 | State Office Approval with Consultation  |
| Paying Legal Fees for Self-Employment  | Consultation with TWC Office of General Counsel | C.9.1 | Consultation Only |

## Out-of-State Services or Payment Rates

(See VRSM Part D Chapter 3: Purchasing Goods and Services for additional approval requirements).

|  |  |  |  |
| --- | --- | --- | --- |
| **Situation, Good, or Service** | **Required Action** | **VRSM Reference**  | **RHW Purchase Approval Category** |
| Ensuring that out-of-state providers of MAPS services are properly credentialed. | Consultation with VR MAPS Provider Services | D.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 assigned to the specific service, and
* VR Manager approval
 | D.3  | VR Manager Approval with Consultation |
| 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 assigned to the specific good or service, and
* VR Manager approval.

Once approved, follow contract exception process | D.3  | VR Manager Approval with Consultation |
| Attending any training or related support services out-of-state requires VR Manager approval. | VR Manager approval |  D.3 | Out-of-State Training |

## Training Services

(See VRSM Part D Chapter 3: Purchasing Goods and Services for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference**  | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| 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.3 andVR-SFP 3.6.4 | VR Supervisor Approval |
| Paying for an academic or vocational course more than twice | Consultation with VR Supervisor | C.10.1 | Consultation only |
| Purchasing any training or related support services from an out-of-state provider | VR Manager approval | D.3 C.10.2 | Out-of-State Training |
| Exceptions to exceed the Texas resident tuition rate for public training institutions in Texas | VR Supervisor approval | C.10.2 | VR Supervisor Approval |
| Exceptions to the requirements for study abroad | VR Supervisor approval | C.10.2 | VR Supervisor Approval |
| Exceptions to the limitations for tuition and fees at a Proprietary Institution | * Consultation with State Office Program Specialist for Proprietary Training, and
* VR Supervisor Approval
 | C.10.3 | VR Supervisor Approval with Consultation |
| Exceptions to the limitations for tuition and fees at private or out-of-state training institutions | VR Supervisor approval | C.10.2 | 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.10.7 | Deputy or Regional Director Approval with Consultation |
| Work-based learning, including OJT and paid work experience, that is expected to last longer than 3 months. | VR Supervisor approval | C.10.4 | 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  | C.10.4 | Consultation Only |
| Vocational or technical training that exceeds timelines for completion | VR Supervisor approval | C.10.3 | VR Supervisor Approval |
| Academic training that exceeds timelines for completion  | VR Supervisor approval | C.10.2 | VR Supervisor Approval |
| Continued VR-sponsorship after a second change in the major course of study | VR Supervisor approval  | C.10.1 | 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.10.1 | VR Supervisor Approval |
| Remote service delivery for Project SEARCH | Consultation with State Office Project SEARCH Statewide Coordinator (Program Specialist for Transition) | C.10.6 | Consultation Only |
| Attending rehabilitation-center training outside of the Criss Cole Rehabilitation Center | VR Manager approval | C.10.7 | VR Manager Approval |
| Paying more than $20 per hour or pay by semester for tutorial services | VR Supervisor approval | C.10.1 | VR Supervisor Approval |
| Room and board purchases if any of the following are not met: * the cost is in excess of the customer's normal living expenses (see C.10.1 Education and Training Services Overview for the definition of "normal living expenses");
* the amount is required to support the customer's participation in training;
* the customer is attending training in person;
* the training is available in the customer's local community (the same town as the customer's residence or within a 50-mile radius of the customer's residence) and there is not a disability-related or best-value justification.
 | VR Manager approval | C.10.1 | N/A |
| Assistive Technology purchases made before the completion of the student's senior year of high school to ensure that the school is unable to provide the Assistive Technology and that the appropriate funding is used. | Consultation with the Regional Specialist for Transition Services | C.8.1 | Consultation Only |
| GSTs | * Approval by the Regional Directors of the regions participating, and
* Review by the State Office Program Specialist for Transition Services
 | C.8.2 | N/A  |
| All Pre-ETS Temporary Learning Experience | Program Specialist consultation from Pre-ETS mailbox | C.8.1, C.8.2, and C.8.3 | Consultation Only  |

## Psychological Services

(See VRSM Part D Chapter 3: Purchasing Goods and Services for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference**  | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Evaluation or treatment of customers by a regional psychological consultant | VR Supervisor approval  | C.5.3.a | VR Supervisor Approval |
| Request for psychological or neuropsychological test not listed in Maximum Affordable Payment Schedule (MAPS) | Consultation with Regional Psychological Consultant (RPC) | C.5.3.a | Consultation Only  |
| Actions contrary to advice of regional psychological consultant | VR Manager approval | C.5.3.a | VR Manager approval |
| Authorizing more than 30 individual outpatient counseling sessions or 15 group counseling sessions  | VR Supervisor approval | C.5.3.a | VR Supervisor Approval |
| More than 90 days of supportive residential service | VR Supervisor approval | C.5.3.e | VR Supervisor Approval |
| Purchase of prescription medication to treat a specific condition for longer than 90 days | VR Supervisor approval | C.5.3.a | VR Supervisor Approval |

## Neurodevelopmental Services

(See VRSM Part D Chapter 3: Purchasing Goods and Services for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference**  | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Repeating the purchase of* ABA Evaluation (Social Skills or FBA),
* ASD Supports Plan,
* Autism Psychological Battery, or
* Environmental Work Assessment (EWA)
 | VR Supervisor approval | C.5.3.b | VR Supervisor Approval |
| More than one exception to the 20-hour limit for ASD support service | * VRC can make first exception (up to 20 hours), and
* VR Supervisor approval required for anything after the first exception (20-hour increments)
 | C.5.3.b | VR Supervisor Approval (after first exception) |
| More than 60 intervention hours of Applied Behavior Analysis over the lifetime of the case | Consultation with State Office Neurodevelopmental Program Specialist | C.5.3.c | Consultation Only |

## Medical Services

(See VRSM Part D Chapter 3: Purchasing Goods and Services for additional approval requirements).

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Evaluation or treatment of customers by a local medical consultant | Consultation with State Office Program Specialist for Physical Disabilities | C.5.2.a  | Consultation Only |
| Before determining eligibility for customers with fractures, including malunion or nonunion fractures  | * Consultation with State Medical Director to confirm the type of fracture and stability (must copy VR manager on email when sending packet)
 | B.4C.5.2.c | N/A |
| Acute (emergency) medical care before determining Eligibility | VR Supervisor approval | B.4 | N/A |
| 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.5.2.a | Consultation Only |
| Medical Devices with unlisted MAPS codes  | * Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.a | N/A |
| Payments that exceed MAPS rates (including additional payment for medical treatment in unusually difficult or complicated cases) | * Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.aC.5.2.g | N/A |
| Ensuring that MAPS services from out-of-state providers are properly credentialed | Consultation with VR MAPS Provider Services | D.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.5.2.b | Consultation Only |
| Recommended hospitalization greater than 14 days | * Consultation with State Office Program Specialist for Physical Disabilities, and
* VR Manager approval
 | C.5.2.b  | 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.5.2.b  | 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 or designee approval
 | C.5.3.b | N/A |
| Exceptions to contracts other than hospital contracts | * VR Manager approval,
* Deputy or Regional Director approval, and
* VR Director or designee approval
 | C.5.3.b | Non-Hospital Contract Exceptions per VRSM D‑210-2 |
| Purchase of prescription medication to treat a specific condition for longer than 3 months | VR Supervisor approval | C.5.2.cC.5.2.h | 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.5.2.b | Consultation Only |
| Surgical services (except eye surgeries) | Review by LMC | C.5.2.a | Consultation Only |
| Payment of Co-surgeons | * Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.a  | N/A |
| Actions contrary to a local medical consultant’s (LMC) advice | * Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.a  | N/A |
| Actions contrary to the Medical Director, State Physical Medicine and Rehabilitation Consultant, and/or State Neuropsychological Consultant’s advice | * Deputy Division Director of Field Services Delivery approval
 | C.5.2.a | N/A |
| Bariatric Surgery | * Review by LMC and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.a C.5.2.c | N/A |
| Breast implant removal | * Review by LMC and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.aC.5.2.c | N/A |
| Breast reduction surgery | * Review by LMC and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.a C.5.2.c | N/A |
| Bilateral Total Knee Replacement (Simultaneous) | * Review by LMC and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.aC.5.2.c | N/A |
| Back or neck injections or neurotomy | * Review by LMC, and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.a C.5.2.c | N/A |
| Back or neck surgery | * Review by LMC, and
* Consultation with State Office Program Specialist for Physical Disabilities Services, (must copy VR manager on email when sending packet)
 | C.5.2.a C.5.2.c |  N/A |
| Spinal fusion surgeries involving three or more levels | * Review by LMC, and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.a C.5.2.c | N/A |
| Discograms | * Review by LMC, and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.a C.5.2.c | N/A |
| Spinal cord stimulator or dorsal column stimulator | * Review by LMC, and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.a C.5.2.c | N/A |
| Electrical Bone Stimulators | Review by LMC | C.5.2.aC.5.2.c | Consultation Only |
| Prosthesis with unlisted MAPS codes | * State Office Orthotic and Prosthetic Review Committee (OPRC) approval (must copy VR manager on email when sending packet)
 | C.5.2.c | N/A |
| If VR cost for a prosthesis is equal to or greater than $12,500 and does not include unlisted MAPS codes | * University of Texas Southwestern (UTSW) review(must copy VR manager on email when sending packet)
 |  C.5.2.c |  N/A |
| Functional Electrical Stimulation (FES) Devices | * Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.c | N/A |
| Osteomyelitis treatment that is not a curative treatment  | * Review by LMC, and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.c |  N/A |
| Osteomyelitis treatment that is necessary due to a complication of a VR-sponsored treatment  | * Review by LMC, and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.c | N/A |
| More than 30 sessions or visits of any single outpatient rehabilitation therapy\* | VR Supervisor approval | C.5.2.c | VR Supervisor Approval |
| Exceeding 20 chiropractic treatment sessions | * Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.c  | N/A |
| Home health care that exceeds 30 sessions | VR Supervisor approval | C.5.2.c  | VR Supervisor Approval |
| ESBI residential services beyond four months | VR Supervisor approval in 30-day increments | C.5.2.c | VR Supervisor Approval |
| ESBI nonresidential beyond 12 weeks | VR Supervisor approval in 30-day increments | C.5.2.c | VR Supervisor Approval |
| Weight-loss programs | * Review by LMC, and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.c  | N/A |
| Cardiac catheterization and or angiography | * Review by LMC, and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.c | N/A |
| Wound care that involves an uncertain prognosis, such as abscess or infection. | * Review by LMC, and
* Consultation with State Medical Director (must copy VR manager on email when sending packet)
 | C.5.2.c | N/A |
| Cochlear implant and bone anchored hearing aid surgery | * Review by LMC; and
* 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 (must copy VR manager on email when sending packet)
 | C.5.2.g  | Consultation Only |
| Cochlear implant and bone anchored hearing aid processor replacement, including bone anchored hearing aid with headband or softband | * 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) (must copy VR manager on email when sending packet)
 | C.5.2.g  | Consultation Only |
| 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.5.2.c  | VR Manager Approval with Consultation |
| Actions contrary to the Regional Dental Consultant’s advice | Deputy Division Director of Field Services Delivery approval | C.5.2.c | N/A |
| Vision therapy | Consultation with State Optometric Consultant  | C.5.2.h | N/A |
| Eye injections exceeding 12 (per eye) | Consultation with State Ophthalmological Consultant  | C.5.2.h | N/A |
| More than one crosslinking surgery | Consultation with State Ophthalmological Consultant  | C.5.2.h | N/A |
| Eye injections in excess of $300 per injection | Consultation with State Ophthalmological Consultant  | C.5.2.h | N/A |
| Actions contrary to the State Optometric/ Ophthalmological Consultant’s advice | Deputy Division Director of Field Services Delivery approval | C.5.2.h | N/A |

## Administrative Approvals

| **Situation, Good, or Service** | **Required Action** | **VRSM Reference** | **RHW Purchase Approval Category** |
| --- | --- | --- | --- |
| Transferring an entire caseload | Regional Director approval | E.3.2 | N/A |
| Exceptions to standard TxROCS User Roles | VR Field Service Delivery Director approval | E.3.2TxROCS User Role Table | N/A |

Questions about required consultations and approvals can be submitted to the vrsm.support@twc.texas.gov or to the appropriate regional or state office program specialist.

## Review

The Policy Planning and Statewide Initiatives Team, or designee, is responsible for reviewing this policy and these procedures and will update the Document History log if necessary.

|  |  |  |
| --- | --- | --- |
| **Date** | **Type** | **Change Description** |
| 9/3/2024 | New | VRSM Policy and Procedure Rewrite |