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

**Revised April 1, 2019**

## 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.

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## 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 |
| … |

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## 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  |
| … |
| 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  |
| … |