

MEDICAL SERVICES THAT REQUIRE PRIOR APPROVAL

(Revised 12/17)

I. INTRODUCTION

Medical goods and services are provided only as required to determine eligibility and priority for services and, as required to assist the consumer in achieving an employment outcome (34 Code of Federal Regulations [CFR] 361.49).

Overview

This Exhibit is divided into two sections:

1. [Introduction](#)
2. [Chart of medical services and purchases that require prior approval](#)

Limitations

This prior approval chart is for reference use. It contains only the approvals necessary to purchase medical services and commodities. It does not contain procurement requirements or other medical services requirements.

In addition to approvals, other requirements must be followed when purchasing medical services, including secondary approval requirements, and prior approval requirement by Federal awarding agencies, and procedures as outlined in [Rehabilitation Administration Manual \(RAM\) Chapter 9](#) for purchases of \$5,000 or over.

The Team Manager and Rehabilitation Counselor are responsible for researching the complete and proper procedures prior to authorization of services, including but not limited to those listed in RAM, California Code of Regulations (CCR), DOR Directives and guidance memos, and the Medical Services Desk Manual.

Multiple Required Approvals

Some medical services/purchases require approvals from multiple individuals. If there are several titles listed in the approval box, an approval is needed from each person listed.

Rehabilitation Administrative Manual
AUTHORIZING CONSUMER GOODS AND SERVICES

Chapter 12

Exhibit C

The VRSD team should obtain approvals in the order listed. Each review/approval is completed prior to submitting to the next approver. Some services and commodities require Medical Consultant (MC) or Statewide Consultant review. Some also require Medical Services Unit (MSU) Program Manager review and approval.

1. MCs are located in branch or district offices. Statewide Consultants and the Medical Services Unit are located in Central Office.
2. Requests for MC approval should be sent through MSU following instructions in the [Medical Consultation Handbook](#).

Costs

Services and commodities are authorized using procedure codes and established rates, as listed in AWARE. All costs listed in this approval chart are at DOR rates. For any rates that are unlisted, by report, or rates that are not otherwise specified, see the “Exceptions and Considerations” section of this Exhibit (refer to [RAM Chapter 12](#), section 1213).

Points to Remember

1. Services and commodities should be purchased on the appropriate authorization form and in the appropriate case status (refer to RAM Chapter 11).
2. The Department is required to pursue comparable benefits when purchasing medical services and commodities. Contact the comparable benefits agency to determine if there are any specific requirements that must be followed to secure the benefit for the needed medical service/commodity (refer to [RAM Chapter 12](#), section 1203).
3. All medical services and commodity purchases require recommendation/prescription from the consumer’s evaluating or treating medical professional (e.g., physician, optometrist) as listed in CCR 7160. A recommendation/prescription is not required for medical evaluations.
4. All Physical and Mental Restoration services may only be provided as listed in CCR 7160.
5. There are four specific areas that would cover all prior approvals for medical services and commodities, dental services, emergency services, and therapies.

Rehabilitation Administrative Manual
AUTHORIZING CONSUMER GOODS AND SERVICES

Chapter 12

Exhibit C

II. MEDICAL SERVICES AND PURCHASES THAT REQUIRE PRIOR APPROVAL

Purchase or Service (at DOR rates, unless otherwise specified)	Prior Approval(s) Required (required from all persons listed, in the order listed)
Services and Commodities (e.g., hearing aids, wheelchairs, exams)	
Under \$1,000	<ul style="list-style-type: none">• Rehabilitation Counselor – Full Authority
Over \$1,000	<ul style="list-style-type: none">• Team Manager
Services over \$5,000	<ul style="list-style-type: none">• Team Manager• Medical Consultant or Statewide Consultant, as appropriate to the type• District Administrator• Contracts and Procurement Section, only for services that require bids.

Rehabilitation Administrative Manual
AUTHORIZING CONSUMER GOODS AND SERVICES

Chapter 12

Exhibit C

Purchase or Service (at DOR rates, unless otherwise specified)	Prior Approval(s) Required (required from all persons listed, in the order listed)
<p>Equipment over \$5,000</p> <p>*Equipment is defined as tangible personal property having a useful life of more than one year and a per-unit acquisition cost of \$5,000 or more</p>	<ul style="list-style-type: none"> • Team Manager • Medical Consultant or Statewide Consultant, as appropriate to the type • District Administrator • Contracts and Procurement Section • Deputy Director or designee • Rehabilitation Services Administration
<p>Over \$20,000</p>	<ul style="list-style-type: none"> • Team Manager • Medical Consultant or Statewide Consultant, as appropriate to the type • District Administrator • Contracts and Procurement Section • MSU Program Manager or designee • Deputy Director or designee • Rehabilitation Services Administration, for tangible personal property having a useful life of more than one year.
<p>Over \$50,000</p>	<ul style="list-style-type: none"> • Team Manager • Medical Consultant or Statewide Consultant, as

Rehabilitation Administrative Manual
AUTHORIZING CONSUMER GOODS AND SERVICES

Chapter 12

Exhibit C

Purchase or Service (at DOR rates, unless otherwise specified)	Prior Approval(s) Required (required from all persons listed, in the order listed)
	<p style="text-align: center;">appropriate to the type</p> <ul style="list-style-type: none"> • District Administrator • Contracts and Procurement Section • Rehabilitation Services Administration, for tangible personal property with a useful life of more than one year • MSU Program Manager or designee • Deputy Director or designee • DOR Legal • Department of General Services (DGS) • Rehabilitation Services Administration, for tangible personal property having a useful life of more than one year.
Dental Treatment	
Under \$5,000	<ul style="list-style-type: none"> • Statewide Dental Consultant
Over \$5,000	<ul style="list-style-type: none"> • Statewide Dental Consultant • Team Manager • District Administrator
Emergency Services (e.g., Extreme Medical	*Verbal approval required prior to authorization at any

Rehabilitation Administrative Manual
AUTHORIZING CONSUMER GOODS AND SERVICES

Chapter 12

Exhibit C

Purchase or Service (at DOR rates, unless otherwise specified)	Prior Approval(s) Required (required from all persons listed, in the order listed)
Risk and Dental Emergencies)*	cost. Documented approval required within 15 days of authorization.
Under \$5,000	<ul style="list-style-type: none"> • Team Manager • Medical Consultant, Consulting Practitioner, or Statewide Consultant, as appropriate to the type.
Over \$5,000	<ul style="list-style-type: none"> • Team Manager • Medical Consultant, Consulting Practitioner, or Statewide Consultant, as appropriate to the type • District Administrator
<p>Therapy Any of the following:</p> <ul style="list-style-type: none"> • Occupational/Physical Therapy • Psychotherapy • Speech, Language, Hearing Therapy • Vision/Orthotic Therapy 	
Up to six initial sessions	<ul style="list-style-type: none"> • Rehabilitation Counselor – Full Authority
Up to six additional sessions (for a total of 12 cumulative sessions)	<ul style="list-style-type: none"> • Medical Consultant, Consulting Practitioner, or Statewide Consultant, as appropriate to the type

Rehabilitation Administrative Manual
AUTHORIZING CONSUMER GOODS AND SERVICES

Chapter 12

Exhibit C

Purchase or Service (at DOR rates, unless otherwise specified)	Prior Approval(s) Required (required from all persons listed, in the order listed)
	<ul style="list-style-type: none"> • Team Manager
Over 12 cumulative sessions	<ul style="list-style-type: none"> • Medical Consultant, Consulting Practitioner, or Statewide Consultant, as appropriate to the type • Team Manager • District Administrator
Exceptions and Considerations	
Policy and Procedure	
At any cost	<ul style="list-style-type: none"> • Team Manager • District Administrator • MSU Program Manager or designee • Other approvals may be required, depending on the cost