




Title:	Vocational Rehabilitation Provider Management
Policy #:	80-VR-09
Legal Reference:	ORC §3304.15, OAC 3304-1-12, 3304-2-52; 34 CFR 361.5(b)9, 361.46, 361.50, 361.51, 397.50; OOD’s VR Provider Manual; Fair Labor Standards Act (FLSA)
Date:	May 8, 2017
Approved:	Kevin L. Miller, Executive Director 
Origin:	The Bureau of Vocational Rehabilitation and Bureau of Services for the Visually Impaired
Supersedes:	N/A
History:	N/A
Review/Implement	Begin Review – November 8, 2018 Implement Revisions By – May 8, 2019

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code (ORC) §3304.15 which establishes the power and authority of the Opportunities for Ohioans with Disabilities (OOD) and its executive director to develop all necessary rules and policy in furtherance of its statutory duties.

II. PURPOSE

The purpose of the policy is to provide guidelines to ensure appropriate approval, oversight and compliance of vocational rehabilitation (VR) providers in accordance with appropriate federal (e.g. Code of Federal Regulations [CFR]) and state law (i.e. Ohio Revised Code, Ohio Administrative Code) governor directives and executive orders, other governing agency (e.g. DAS, OBM) policy or guidance, and/or executive director expectations.

III. APPLICABILITY

This policy applies to VR Staff, VR Contractors and entities or individuals who would like to be considered for providing VR services..

IV. DEFINITIONS

Refer to “Vocational Rehabilitation Definitions” (80-VR-99.A).

Approved Provider – individuals and entities who have met the requirements established by OOD and have been approved to provide vocational rehabilitation services to OOD individuals.

OOD Representative – for the purposes of this policy, VR Staff person(s) designated by the Executive Director, or designee, who will manage the Provider Management Program (PMP), the “Provider Search” tool and be responsible for oversight of the approved providers.

OOD Liaison – for the purposes of this policy, designated VR Staff person responsible for acting as an approved provider’s primary point of contact, their source of information and providing technical assistance.

Provider Management Program (PMP) – the electronic system that providers use to complete an application to be considered for the list of OOD’s approved providers or once approved, to make changes to their contact information, current services, or service delivery areas.

Provider Search – an electronic search tool located on OOD’s website that allows VR Staff, VR Contractors and individuals with disabilities to access OOD approved provider information including, but not limited to, contact information, types of services offered, and service delivery areas.

Uniform Document System (UDS) – the system that is used to maintain individual provider records which includes, but is not limited to, accreditation award letters, insurance policies, quarterly review summaries, and scorecards.

V. POLICY

A. General

1. OOD and its providers are required to provide information to individuals throughout the VR process as required by law (e.g. rights and duties). This information shall be provided to the individual and if applicable, the individual’s legal guardian, in writing and when appropriate, in their native language or through an appropriate mode of communication.
2. AWARE shall be updated, by VR Staff and VR Contractors, with pertinent conversations, recommendations, justifications, approvals and/or other actions taken in relation to this policy and subsequent procedures when appropriate.
3. OOD and approved providers shall not place an OOD individual in employment where they would be subject to a special wage certificate under the U.S. Department of Labor’s Fair Labor Standards Act (FLSA) which allows them to be employed at sub-minimum wage.
4. In order for individuals or entities to be placed on OOD’s approved provider list, (i.e. be able to provide services as listed on OOD’s Fee Schedules or for specialized training) they must meet requirements as detailed in the attached procedure.
5. Placement on OOD’s approved provider list does not:
 - a. constitute a contractual relationship between OOD and the provider; or
 - b. guarantee utilization of any or all of the services the provider offers.
6. After a provider’s placement on OOD’s approved provider list, OOD shall provide oversight of VR providers as detailed in the attached procedure.
7. At any time (i.e. prior to approval or after becoming an approved provider), OOD may request completion of a background check on any approved provider employee who delivers direct services to OOD individuals.

B. Process to be Considered for Providing Services to OOD Individuals

1. Individuals or entities who would like to be considered for providing services to OOD individuals, via OOD fee schedules, or who would like to offer specialized training are subject to requirements detailed in the attached procedure.

C. Provider Approval Process

1. An OOD Representative shall review, approve or disapprove provider applications, submitted via PMP, within 45 days of submission unless an extenuating circumstance exists or a waiver is required.

D. Designations

1. Approved providers shall be assigned to an OOD geographical area based upon the location of their primary business (e.g. Northwest, Southeast).
2. Each approved provider shall be assigned an OOD Liaison by the OOD Area Manager responsible for the area of the provider's primary business location.

E. Meeting Requirements

1. Providers shall participate in any meetings determined necessary by OOD. If a provider is unable to attend due to an extenuating circumstance, they are still responsible for understanding and adhering to VR Provider Manual and any other OOD requirements and for any items which may have been discussed or disseminated at the meeting.

F. Incident/Issue Reporting and Management

1. The following incidents fall under reporting requirements:
 - a. reports of abuse or neglect of an OOD individual;
 - b. issues that would have an impact on the safety, health, or welfare of an OOD individual;
 - c. issues of fiscal integrity, including but not limited to, charging for services not provided and charging multiple individuals for the same service/time; and
 - d. loss or breach of confidential personal information (CPI).
2. If an incident involves the physical or emotional safety of an OOD individual, providers shall immediately take steps to ensure the OOD individual's safety, and then provide notification to OOD and other appropriate entities as detailed in the attached procedure.
3. OOD shall be responsible for the handling reporting of an incident or issue as detailed in the attached procedure including initiation of a formal review (refer to Section H.).

G. Questions/Concerns, Complaints and Issues

1. Questions/concerns and minor issues with providers (e.g. correction of a report or invoice) should be handled by VR Staff or VR Contractors.
2. If VR Staff or VR Contractors have or receive any significant questions/concerns, complaints or issues with a provider, resolution shall be facilitated and if not resolved, OOD may require the development of a Corrective Action Plan (CAP) and/or a formal review.
 - a. If the provider is unable to meet the requirements of the CAP or fails to continue to meet quality and/or compliance expectations after completion of the CAP, OOD may remove the provider from their list of approved providers.

H. Formal Review

1. If a formal review is recommended, OOD's Monitoring & Compliance Unit (MCU), VR Program Administration, and/or Legal will review the facts and determine the scope of the review if deemed necessary.
2. VR Staff and VR Contractors shall refer to "Internal and External Controls for Programs and Contracts" (40-MCU-03) for the review guidance.

I. Violation

1. An employee who violates this policy may be subject to discipline up to and including removal
2. Providers who violate this policy may be removed from the list of approved providers.

FORMS AND ATTACHMENTS

- N/A

RESOURCES

- Procedures subsequently issued under this policy.

REVIEW

It is the responsibility of the Deputy Director, or designee, to annually review this policy, on or before, the date listed in the header and if applicable, make any necessary revisions. The Deputy Director or designee shall document the annual review as required in OOD Policy 10-ADM-01 "Policy and Procedure Development, Review, Dissemination and Acknowledgement".