




Title:	Vocational Rehabilitation Provider Management Procedure
Procedure #:	80-VR-09-01
Policy Reference:	80-VR-09 "Vocational Rehabilitation Provider Management"
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); Workforce Innovation and Opportunity Act
Effective 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 – 11-08-18 Implement Revisions By – 05-08-19

I. PURPOSE

The purpose of this procedure is to provide direction to ensure appropriate oversight and timely communication with 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.

II. APPLICABILITY

A. This procedure applies to VR Staff and VR Contractors.

B. In addition, it also applies as detailed below.

1. Individuals or entities who want to be considered to provide services listed in the VR Fee Schedule (OAC 3304-2-52 Appendix) or those who would like to offer specialized training (refer to Section B).
2. Individuals or entities who want to be considered to provide medical, psychological and dental services shall follow all required guidance set forth in OOD's Medical, Psychological and Dental Fee Schedules

III. 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 users 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, service delivery areas and areas of specialization.

Supply – goods or equipment.

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.

VR Provider – individuals or entities that are approved by OOD to provide services defined in OOD fee schedules.

VR Provider Manual – a manual for OOD providers which contains OOD fee schedules, OOD policy and procedure and other information and requirements.

IV. PROCEDURES

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) they must meet at least one (1) of the criteria listed below:
 - a. have the appropriate accreditation, certification or licensure as required by the State of Ohio; and/or
 - b. successful completion necessary information/documentation in the Provider Management Program (PMP), if applicable (refer to Section B.).
5. Placement on OOD's approved provider list does not:
 - c. constitute a contractual relationship between OOD and the provider; or
 - d. 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 including, but not limited to, quality assurance measures.
 - a. OOD shall implement quality assurance measures to ensure quality VR services are being provided.
 - b. Quality assurance measures shall include, but not be limited to, monitoring the provider's process to protect an individual's confidential personal information (CPI), successful placement rates and duration of services until placement.
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 (e.g. VR, psychological, medical, dental), are subject to the following:
 - a. provisions of the VR Provider Manual;
 - b. state and federal laws;
 - c. if applicable, completion of an application in OOD's Provider Management Program (PMP) (refer to ood.ohio.gov/Providers/Provider-Services); and
 - d. once approved by OOD, registering with Ohio Shared Services (OSS) prior to being able to provide services (refer to <http://obm.ohio.gov/suppliers.aspx> for information).
2. Prior to applying to become an approved provider, in addition to having appropriate State of Ohio accreditation, certification or licensure (if applicable), OOD requires potential providers to meet the following criteria:

- a. be accredited or certified as required by OAC 3304-1-12 “Community Rehabilitation Program Standards”, or be granted a waiver of accreditation and/or certification by OOD’s Executive Director; and
 - b. ensure that services will be provided in accordance with the definitions and requirements as outlined in the VR Provider Manual.
3. Once the above criteria have been met, potential providers may be required to complete one (1) of the applications listed below in OOD’s PMP in order to be placed on OOD’s approved list.
- a. Traditional (Vocational Rehabilitation) Provider Application
 - i. Providers who would offer at least one (1) service defined in the VR Fee Schedule shall complete this application.
 - ii. Providers in this category shall be accredited or certified, as required, in specific areas as defined in OAC 3304-1-12 “Community Rehabilitation Program Standards” in order to provide:
 - a) vocational evaluations;
 - b) work adjustment;
 - c) job placement;
 - d) on-the-job supports;
 - e) community based assessment;
 - f) orientation & mobility; and
 - g) rehabilitation technology/low vision services.
 - iii. Providers shall consult the VR Provider Manual for information on OOD’s current accreditation standards (e.g. Commission on Accreditation of Rehabilitation Facilities [CARF], the Joint Commission (JC) in the area of Behavioral Health, the National Accrediting Council for Organizations Serving the Blind or Visually Impaired [NAC]).
 - b. Vision Services Provider Application
 - i. This application is to be completed by providers offering vision services and meeting the appropriate accreditation requirements (e.g. Academy for Certification for Vision Rehabilitation and Education Professionals [ACVREP], the National Blindness Professional Certification Board [NBPCB], the National Accrediting Council for Organizations Serving the Blind or Visually Impaired [NAC], as defined in OAC 3301-1-12 “Community Rehabilitation Program Standards”).
 - c. Employment First Provider Application

- i. Providers must be certified as required by Department of Developmental Disabilities (DODD) in the area of “Individual Employment Supports”. (Refer to the Ohio Department of Developmental Disabilities (DODD) website, <http://dodd.ohio.gov/Providers/Pages/default.aspx> for current certification requirements).
- a) Providers in this category may request and be granted a waiver of OAC 3304-1-12 “Community Rehabilitation Program Standards” to provide services defined within the VR Fee Schedule (see d. below).

d. Waiver Provider Application

- i. Providers who are not accredited or certified in accordance with OAC 3304-1-12 “Community Rehabilitation Program Standards” but would still like to be approved to provide services listed in the VR Fee Schedule shall complete the Waiver Provider Application in order to request a waiver from OOD’s Executive Director.
 - a) In order to be granted a waiver, providers must submit additional information about their qualifications and experience to provide VR services.
- ii. An OOD Representative shall review the applications for waivers four (4) times per calendar year on the 15th day of January, April, July and October. If the 15th falls on a non-business day, the review will be completed on the next business day.
 - a) After review, the OOD Representative shall submit a recommendation to the Executive Director, or designee.
 - b) The Executive Director, or designee, may deny the waiver, in whole or in part, or conditionally grant a waiver of the accreditation or certification requirements.
 - 1) The OOD Representative shall notify a provider of their waiver request within forty-five (45) days of the waiver review date (e.g. January 15th would be on or around March 1st).
- iii. Providers who are granted a waiver are required to attend OOD’s training on fiscal requirements and service delivery.

e. Non-accredited Provider Application

- i. Providers that are not offering services defined in OOD Fee Schedules (e.g. occupational skills training) and are not subject to OAC 3304-1-12 “Community Rehabilitation Program Standards” shall complete the Non-accredited Provider Application.

f. Subcontractor Application

- i. Providers who wish to provide services under another provider's accreditation (e.g. CARF) shall complete the Subcontractor Application. Note: The subcontractor must then be associated to the OOD approved Provider in the PMP in order to be used to provide services.
 - a) In order for an approved subcontractor to be associated with an approved provider, the provider must be certified in the services in which the subcontractor is approved to provide.
 - b) Providers may consult the VR Provider Manual for more information on subcontracting (refer to <http://www.ood.ohio.gov/Providers/Provider-Services/Provider-Manual>).
4. Providers will be required to attach proof of the criteria in Section B.2 to their application in the PMP or submit, via email, to crpvendor@ood.ohio.gov
5. Applications which are not "submitted" within 90 days shall be removed from the PMP.
6. Providers and subcontractors shall be responsible for keeping their information (i.e. contact info, services offered and service delivery areas) current in the PMP.
 - a. Changes to a provider's tax identification number, legal name, the addition of new services, changes to service delivery areas and/or the addition of subcontractors will require additional OOD approval.

C. Provider Approval Process

1. An OOD Representative shall review, approve or disapprove provider applications, submitted via PMP, within 45 days of submission unless a waiver (refer to Section B.3.d.) is required which may take longer.
 - a. If a provider application is submitted and additional information is needed, the OOD Representative shall notify the provider.
 - i. If the provider does not submit the requested information within forty-five (45) days of this notification, the application shall be removed from the PMP.
 - a) The provider may re-apply by completing and submitting a new application, via the PMP, at a later date.
 - b. The OOD Representative shall perform the following when reviewing a provider application:
 - i. verification of required accreditation(s), certification(s) and/or licensure, if applicable;

- ii. for vision services, ensure that a copy of their professional liability insurance is received; and
 - iii. review the provider's experience in assisting individuals with disabilities in obtaining and maintaining competitive, integrated, community based employment.
- c. Upon completion of review, the OOD Representative shall approve or disapprove the application and notify the provider.

D. Designation of OOD Area and Liaison

1. Approved providers shall be assigned to an OOD area based upon the location of their primary business (e.g. Northwest, Southeast).
2. Approved providers shall be assigned an OOD Liaison by the OOD Area Manager.
 - a. An OOD AM may designate additional liaisons, as needed, for providers with service coverage territories that span multiple areas or contain satellite locations.

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.
2. Local Meetings
 - a. Providers shall participate in local meetings as scheduled by OOD Liaisons.
 - i. Providers, who received greater than \$100,000 in revenue during the previous Federal Fiscal Year (FFY), shall meet at least quarterly with their OOD Liaison during the current FFY.
 - ii. Providers who received less than \$100,000 in revenue, during the previous FFY shall participate in a minimum of two (2) meetings with their OOD Liaison during the current FFY.
 - iii. OOD Liaisons may require more frequent meetings with providers to address any issues (e.g. not following services as defined in the OOD Fee Schedules) that may arise during the course of providing services or, if applicable, as part of a Corrective Action Plan (CAP).

- b. Topics for local meetings should include, but are not limited to:
 - i. supervisor feedback;
 - ii. referrals (e.g. current referral numbers);
 - iii. provider updates;
 - iv. fiscal review (e.g. compliance with timeliness of invoice submissions, accuracy of invoices, vouchered rates);
 - v. service delivery (e.g. compliance with VR Fee Schedule, quality of services provided, outcomes and timeliness of services);
 - vi. VR updates and technical assistance (e.g. VR Fee Schedule updates, policy updates).
- c. The OOD Liaison shall document the meeting on the “Provider Meeting Summary” (80-VR-10-01.A).
 - i. The OOD Liaison shall provide a copy of the summary, within 10 days of the meeting, to the following:
 - a) provider;
 - b) OOD Area Manager;
 - c) VR Supervisors; and
 - d) the OOD Representative.
 - ii. The OOD Representative shall be responsible for storing the record in the Uniform Document System (UDS) for the purpose of records retention.

3. Statewide Meetings

- a. The OOD Representative may conduct statewide meetings with all provider directors and stakeholders to provide an overview of the strategic direction of the VR program and updates on related projects and/or initiatives.

F. Incident/Issue Reporting and Management

- 1. The following incidents or issues 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. breaches of confidential personal information (CPI).
2. If an incident or issue involves the physical or emotional safety of an OOD individual, providers shall immediately take steps to ensure the OOD individual's safety, and then immediately provide notification to entities as required by law and OOD as detailed below.
- a. Providers are required to immediately notify law enforcement, child protective services, county boards of developmental disabilities, or other agencies as required by law.
 - b. Contact, via telephone, and provide notification to the OOD, and if applicable a VR Contractor as detailed below.
 - i. Call the VR Staff or VR Contractor who handles the OOD individual's case, the designated OOD liaison, and the OOD Representative (in this order). The provider shall continue to attempt to reach all three (3) of the individuals until all are reached.
 - a) If none of these individuals are available, the provider shall contact an OOD VR Supervisor, Area Manager, or a VR Contractor's supervisor or the OOD VR Contracts Unit Staff.
 - b) Leaving a message (i.e. voice mail) is not acceptable, a provider shall speak directly to an individual or keep trying until an individual is reached.
 - c) If the incident or issue takes place during the evening, weekend, or holiday, providers shall make contact on the next business day.
 - ii. Follow up the telephone call with an email to the individuals listed in Section F.2.a and if contact was made to an individual in Section 2.a.i., copy him/her.
 - a) The email shall include, at a minimum, the following information:
 - 1) the OOD individual's name;
 - 2) VR Staff or VR Contractor's name assigned the OOD individual's case;
 - 3) date of the incident or issue;
 - 4) detailed description of the incident or issue;
 - 5) where the incident or issue took place;
 - 6) who was involved;
 - 7) who witnessed the incident or issue; and
 - 8) what actions were taken.
3. The OOD Liaison shall be responsible for handling any incident or issued (e.g. performing an investigation, obtaining additional information or documentation from the OOD individual or the provider, development of a CAP) and sharing the information with the OOD Representative.

4. The OOD Representative will review and gather additional information, if necessary, and notify appropriate OOD management.
 - a. A formal review may be initiated if warranted (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. VR Staff and VR Contractors shall direct significant concerns, complaints and issues about providers to the OOD Liaison who will facilitate resolution.
 - a. Copy Requirements
 - i. VR Staff shall copy his/her VR supervisor.
 - ii. VR Contractors shall copy their supervisor and a VR Contracts Unit designee.
 - b. Reporting Requirements
 - i. When reporting a significant concern, complaint or issue, VR Staff or VR Contractor shall provide the following information:
 - a) the OOD individual's name;
 - b) VR authorization number (if related to an invoice);
 - c) type of service being provided; and
 - d) date(s) and description of the concern, complaint or issue.
 - c. Resolution Facilitation
 - i. The OOD Liaison shall facilitate resolution.
 - a) In cases where the OOD Liaison is unable to facilitate resolution, it shall be forwarded to his/her immediate supervisor/manager for resolution.
 - b) If resolution is still not able to be facilitated, it shall be forwarded to an OOD Representative for facilitation of final resolution.
3. The OOD Liaison shall review the information and documentation and discuss the issue with the provider and the Area Manager, if needed.
4. Necessary actions may be taken, if necessary, and may include, but are not limited to:

- a. providing training and/or technical assistance to address the concern, complaint or issue;
- b. developing a CAP; and/or
- c. recommending that a formal review be completed by an OOD Representative.
 - i. All documentation pertaining to a review (e.g. records, reports, findings, outcomes) shall be submitted to the OOD Representative.
 - ii. The OOD Representative shall enter all in the Uniform Document System (UDS).
- d. 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 Contractors and Providers" (40-MCU-03) for the review guidance.

I. Violation

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

FORMS AND ATTACHEMENTS

- 80-VR-10-01.A Provider Meeting Summary

RESOURCES

- OOD Provider Manual - <http://www.ood.ohio.gov/Providers/Provider-Services/Provider-Manual>
- DODD Provider Certification - <http://dodd.ohio.gov/Providers/Pages/default.aspx>

REVIEW

It is the responsibility of the Deputy Director, or designee, to annually review this procedure, 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".