

GVRA Provider Information Forum

Wednesday - June 1, 2022

Roosevelt Warm Springs





Georgia Vocational
Rehabilitation Agency

Provider Information Forum

Roosevelt Warm Springs

Agenda

10:00	Session Overview	Sheila Pierce
10:10	Welcome to RWS	Lee Bryan
10:15	Agency Updates	Chris Wells Jonathon Buxton
10:30	Transition and Pre-ETS Updates	Jeff Allen
10:40	Priority Categories and Online Registration	Julie O'Connor
10:55	Background Check Process Changes	Zain Farooqui
11:05	Provider Opportunities with DAS	Lisa Townsend
11:20	Client Services Update and District Networking	Jennifer Howell
11:30 – 1:00pm	Lunch & Network with Districts and DAS Reps	

Welcome to Roosevelt Warm Springs

Dr. Lee Brinkley Bryan

Director of Residential Services



GVRA



GVRA Updates

Chris Wells, GVRA Executive Director

Jonathon Buxton, GVRA Director of Administration



Transition Services Updates

Jeffery Allen, Assistant Director of Transition Services

jeff.allen@gvs.ga.gov





Updates

- Planning for Pre-ETS during summer, and 2022-2023 school year
- Pre-Employment Specialist Onboarding during the summer
- Transition Forum- Every other Tuesday beginning 2/8/2022
- Questions?

Order of Selection & On-line Referral

Julie O'Connor, Assistant Director – Program Support

Julie.oconnor@gvs.ga.gov





Order of Selection

All
priority categories
will reopen **July 1, 2022**



Georgia Vocational
Rehabilitation Agency

Priority Categories

Priority Category 1

Individual with a most significant disability
limitations in 3 or more functional capacities in CIE;
requires multiple services over an extended period of time

Priority Category 2

Individual with a significant disability; limitations in 1 or
more functional capacities in CIE; requires multiple
services over an extended period of time

Priority Category 3

Individual with a disability



On-line Referral

- July 1, 2022
- Access from GVRA website

Background Check Updates

Zain Farooqui, GVRA General Counsel

Zain.Farooqui@gvs.ga.gov

Criminal Background Check Unit – CBCU@gvs.ga.gov





Georgia Vocational
Rehabilitation Agency

Forms to be Submitted



Georgia Vocational Rehabilitation Agency

Employee Application Fingerprint Check Verification Form

Provider/Contractor - Hiring Agency

The below-named applicant is a prospective employee of this organization. Before the applicant's fingerprints are submitted to the Georgia Bureau of Investigation (GBI) and Federal Bureau of Investigation (FBI), the Georgia Vocational Rehabilitation Agency (GVRA) must verify that the applicant is seeking to provide services and/or gain employment with this agency. This is an FBI requirement.

Note: This verification form should be submitted prior to the applicant being registered for fingerprinting within the Georgia Applicant Processing Service (GAPS). Applicants will not be released to a fingerprinting site until this form has been received and the registration has been cleared by GVRA. The information contained within this form will be compared to the information provided in the GAPS registration for accuracy. If any discrepancies are found, GVRA will communicate with the hiring agency for resolution. *Applicant cannot proceed to a fingerprint site until they receive a confirmation email from GAPS.*

Employer Name	<input type="text"/>	Name of Hiring Official	<input type="text"/>
Employer's Email	<input type="text"/>	Employer's Address	<input type="text"/>
Employer's Phone	<input type="text"/>	Applicant Position	<input type="text"/>

Reason for Fingerprinting (check box): ☐ GVRA Contractor Providing Direct Care

Employer's Signature Date

Applicant Information (to be filled out by Applicant)

Last Name Middle Name First Name

Other Name(s) Used

Address City State Zip

Email Phone Sex Race

Date of Birth Place of Birth

I authorize GVRA to obtain any criminal history information that may be maintained on me by any federal, state or local justice agency through the use of a fingerprint background check, and therefore authorize GVRA to receive my criminal history record from the NCIC/GCIC database. I understand this request will only be used for employment purposes and that the information obtained will not be used in violation of any federal or state law, rule or regulation.

I further acknowledge that I have received, read, and understand the **Non-Criminal Justice Applicant's Privacy Rights** and the **Privacy Act Statement**.

Applicant's Printed Name (First, Middle, Last) Signature of Applicant Date



Georgia Vocational
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Forms to be Submitted

National Child Protection Act/Volunteers for Children Act Waiver and Consent Form

The fingerprint-based criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA), will determine if you, as a care provider (current or prospective employee, volunteer, contractor/vendor, or owner/operator), have been convicted of crimes that bear upon your fitness to be responsible for the safety and well-being of children, the elderly or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks).

Pursuant to the NCPA/VCA, this form must be completed and signed by every current or prospective provider for whom criminal history records are requested by a **Qualified Entity** or **Authorized Agency** for applicants who provide care, treatment, education, training, instruction, supervision, recreation, care placement services, or license/certify others who provide care to vulnerable populations (children, the elderly, or individuals with disabilities).

[To be filled out by Applicant]

Please provide the following information:

Qualified Entity	N/A
Authorized Agency	Georgia Vocational Rehabilitation Agency
Position Applied For	

I am a current or prospective (check one): ☐ Employee ☐ Volunteer ☐ Contractor/Vendor ☐ Owner/Operator

I have been convicted of a crime. ☐ No ☐ Yes

If yes, please provide a description of the crime and the particulars of the conviction on the back of this waiver.

I hereby authorize the submitting of my fingerprints through an authorized agency to the Georgia Bureau of Investigation (GBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I further understand the following:

- My fingerprints will be used to check the criminal history records of the GBI and the FBI;
- I can receive a state criminal history record from the GBI and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;
- I am entitled to challenge the accuracy and completeness of any information contained in such records;
- The Qualified Entity/Authorized Agency may choose to deny me unsupervised access to persons to whom they provide care until the criminal history record check is completed; and
- I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

By signing this waiver, I authorize the dissemination of any state or national criminal history record that may pertain to me, to the requesting authorized agency. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

*Printed Name: _____ *Date of Birth _____

* Address _____

*Signature _____ * Date _____

*As it appears on a valid identification document issued by a governmental agency.

NOTE: A copy of this document must be retained by the Authorized Agency for at least two years from fingerprint submission date.

Updated 10-2019



Georgia Vocational
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GVRA Policy

Disqualifying Crimes

- **Murder, Felony Murder**
- **Attempted Murder**
- **Voluntary Manslaughter**
- **Kidnapping**
- **Robbery (Armed or Unarmed)**
- **Cruelty to Children (1st or 2nd)**
- **Sexual Offenses (O.C.G.A. Title 16)**
- **Human Trafficking for Labor or Sex**
- **Aggravated Assault**
- **Aggravated Battery**
- **All Felony Theft Crimes**
- **Stalking or Aggravated Stalking**
- **Financial Transaction Card Fraud**
- **Fraud in Obtaining Public Assistance, Food Stamps or Medicaid**
- **Arson**
- **Forgery (1ST or 2nd Degree)**
- **Identity Theft or Fraud**
- **Drug Offenses (time barred)**
- **Pattern of Arrests**

Georgia Vocational Rehabilitation Agency

Provider Partnerships with GVRA

Lisa Townsend (DAS)





Georgia Vocational
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Provider Partnerships with GVRA

Disability Adjudication Services (DAS)

- DAS makes medical disability determinations under an agreement with the Social Security Administration.
- We are 100% federally funded.
- Disability adjudicators follow Social Security laws and regulations to develop the claim; including requesting medical records from the disability applicant's medical sources.
- If that evidence is unavailable or insufficient to make a determination, a consultative examination is arranged to obtain the additional information needed.
- For these claims, objective medical evidence obtained during the consultative examination is crucial to the disability determination.



Provider Partnerships with GVRA

Consultative Examiner Opportunities

- A Consultative Examination (CE) is a physical or mental examination.
- CE Providers must possess a current license in the State of Georgia, and have the training and experience to conduct the type of exam or test required.
- The provider must not be barred from participation in Medicare or Medicaid programs or any other Federal or federally-assisted programs.
- DAS needs Audiologists, ENTs, General Practitioners, Internists, Neurologists, Psychologists, Orthopedists, and Speech Pathologists to perform CEs for our disability applicants.



Georgia Vocational
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Provider Partnerships with GVRA

Benefits for CE Providers:

- One time exam in your office or geographical area
- No treatment involved
- Flexible hours; set your own schedule
- Work closely with DAS's Professional Relations and Scheduling Units to schedule appointments for disability applicants
- Prompt payment
- Learn SSA's disability program and evidence requirements
- Electronic option for submitting reports
- Not responsible for the final disability determination

For more information: Contact Lisa Townsend, DAS
Professional Relations Unit

Phone Number: 800-282-7485, ext. 2759 or 678-639-2759

Client Services update

Jennifer Howell, Assistant Director of Client Services

Jennifer.Howell@gvs.ga.gov





Georgia Vocational
Rehabilitation Agency

Client Services

District 1 – Tamika Wright

District 2 – Celeste Harris

District 3 – Yolanda Virden

District 4 – Shari Kaplan

District 5 – Celeste Harris (Columbus and LaGrange), Lee Davis (Macon and Warner Robins)

District 6 – Lee Davis

District 7 – Cathy Manuel

District 8 – Candace Mims