

GEORGIA VOCATIONAL REHABILITATION  
AGENCY

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Vocational Rehabilitation Program



# PROVIDER GUIDELINES MANUAL

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2023 Official Version

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Chris Wells, Executive Director



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Georgia Vocational Rehabilitation Agency  
**VOCATIONAL REHABILITATION**

*TO: Georgia Vocational Rehabilitation Providers*

*We are happy to inform you that the GVRA Provider Guidelines Manual has been updated. This 2023 update includes the following:*

*FY24 New Provider Rates*

*Your current year provider service agreement refers to the Provider Guidelines Manual. Therefore, we encourage you to read through the contract and this manual and to contact us at [providermanagement@gvs.ga.gov](mailto:providermanagement@gvs.ga.gov) if you have any questions or need help.*

*All providers should be using the provider portal as appropriate to submit invoices for payment. If you need assistance using the portal, please contact us at [providermanagement@gvs.ga.gov](mailto:providermanagement@gvs.ga.gov).*

*Payments are made via ACH, therefore verify that your banking information on record is current to eliminate any payment delays.*

*This information was prepared for your benefit do not hesitate to contact us for assistance.*

*GVRA – Provider Management*

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Georgia Vocational Rehabilitation Agency

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## 1. Purpose

The Georgia Vocational Rehabilitation Agency (“GVRA”) is charged with administering the state’s vocational rehabilitation (“VR”) program to assist individuals with disabilities secure and maintain gainful employment and independence in accordance with state and federal laws under O.C.G.A. § 49-9-1 *et seq.* and the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act (“WIOA”), and its implementing regulations under 34 CFR 361 *et seq.*

The Workforce Innovation and Opportunity Act (WIOA) defines competitive integrated employment as **work that is performed on a full-time or part-time basis** for which an individual is: (a) compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience; (b) receiving the same level of benefits provided to other employees without disabilities in similar positions; (c) at a location where the employee interacts with other individuals without disabilities; and (d) presented opportunities for advancement similar to other employees without disabilities in similar positions.

GVRA/VR contracts with qualified service providers to deliver needed vocational rehabilitation services to GVRA/VR participants (potentially eligible students, applicants, or participants) to assist them in developing pre-employment skills, assessing skills, and achieving successful competitive, integrated employment outcomes with their VR or independent living goals.

To ensure quality services to its participants, VR has developed standards and criteria that all service providers must meet. These standards are laid out in this VR Provider Guidelines Manual. The purpose of these guidelines is to ensure service providers meet GVRA/VR adopted standards and performance expectations, and to ensure quality service delivered to people with disabilities, and to communicate these standards and expectations to potential and current providers.

## 2. Provider Selection

Individuals with disabilities seeking assistance with acquiring skills to obtain employment, meet with a VR CRC (Certified Rehabilitation Counselor). VR CRC determines applicant eligibility. If the individual qualifies for vocational rehabilitation services, the counselor works collaboratively with the individual, to develop an IPE (Individualized Plan for Employment), which details the vocational rehabilitation services that will assist the participant in achieving their competitive integrated employment goal.

VR also identifies potentially eligible students (students with disabilities) who may benefit from pre-employment transition services prior to going through the VR eligibility process. If students are referred to VR for assistance with developing pre-employment transition skills, VR may identify those students who could benefit from pre-employment transition services (Pre-ETS) from a qualified provider.

A VR approved service provider will be selected by the counselor and the participant. The selection is based on the needs of the participant and the qualifications of the provider to develop and/or enhance skills needed to reach their competitive integrated employment goal.

A rehabilitation professional will contact the selected provider to determine if the provider:

- Has interest in working with the participant,
- Can provide services needed, and
- Has availability to meet participants’ desired timeline.

If CRC, Participant (along with participant representatives as appropriate) and Provider agree, that the selected Provider can assist the participant achieve the planned employment goal an authorization is issued by VR.

## **2. General Provider Standards**

Providers are expected to comply with and adhere to certain standards and requirements as an authorized Provider of services with GVRA/VR and to maintain its relationship with the Agency. These standards are described in the Provider Agreement and this Manual. The following are the general standards that must be met:

1. All Services are to be delivered in accordance with the Provider Agreement, Rate Schedule, and Outcome Measurement for Outsourced Services Section of this Manual.
2. Services authorized by the Vocational Rehabilitation Program (VR) and provided to participants of VR shall be administered without regard to disability, age, gender, race, color, creed, or national origin in compliance with Federal law and the policies of the GVRA Vocational Rehabilitation Program.
3. Referral of participants (potentially eligible students, applicants and participants), authorization for services or selection of provider is at the discretion of GVRA/VR. Approval of a service or provider may be withdrawn at any time with reasonable notification.
4. Providers of vocational rehabilitation services shall use qualified personnel, in accordance with any applicable national, state-approved or state-recognized certification, licensing or other comparable requirements that apply to the profession or discipline in which that category of personnel is providing vocational rehabilitation services.
5. Any facility in which vocational rehabilitation services are provided must be accessible to individuals receiving services and must comply with the requirements of the Architectural Barriers Act of 1968, as amended, the Uniform Federal Accessibility Standards and the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act, as amended.
6. Providers of vocational rehabilitation services shall take affirmative action to employ and advance in employment qualified individuals with disabilities.
7. Providers of vocational rehabilitation services shall include among their personnel, or obtain the services of, individuals able to communicate in the primary languages of applicants and eligible individuals who have limited English speaking ability; ASL Interpreters and ensure that appropriate modes of communication for all applicants and eligible individuals are used.
8. Providers of vocational rehabilitation services must ensure that all personnel conduct themselves in a professional manner to include appropriate dress and display professional conduct at all times when services are being conducted.
9. Providers will promptly report to VR any issues related to VR participants or service delivery that need to be addressed by VR. Issues to include but not limited to transportation, scheduling

conflict, participant has a low level of interest in service provided, bullying behaviors, communication problem with provider staff, etc.

10. Providers will respond to and participate in any discussion sessions coordinated by VR related to participant service delivery.
11. Provider agrees to treat all VR participants with the highest level of respect while rendering and coordinating services requested by VR.
12. Provider agrees to allow VR representative's access to Provider facility (place of operation) unannounced at all times when services are being conducted with VR participants for the purpose of inspecting and ensuring programs are delivered in accordance with this Guidance Manual and the Provider Agreement.
13. Provider agrees to maintain participant and employee files as described in the Provider Program Reviews – Site Visits section of the Guidance Manual and to make them available upon request to VR representatives for inspection/review.
14. Provider agrees to maintain current and accurate financial records audited by a third-party entity as required indicating how all payments received from VR are used.
15. Provider agrees to maintain current professional certifications, licenses etc., used for credentialing to deliver services to VR participants and to notify VR when certifications, licenses, etc., are suspended, are no longer active or when new ones are acquired.
16. Provider agrees to submit all curricula for instructional services offered to VR participants in advance of implementing them for review and approval. Curriculum Objective and Standards must be included and address: population to be served, topics covered, length of sessions, desired outcome, pre and post testing methods, certifications, etc.
17. Providers will not charge a referred VR client any amount for any service received while client is in an active case status with VR. This includes a registration, orientation, introduction, etc., fee.

### **3. How to become a qualified GVRA/VR Provider**

The Georgia Vocational Rehabilitation Agency VR Program welcomes interested Providers to join our network of service providers to support Georgians with disabilities. Interested providers who want to become an authorized provider can initiate the process by submitting the information requested below:

1. Pre-Review: Submit a written request.
  - a. Submit an email to: [ProviderManagement@gvs.ga.gov](mailto:ProviderManagement@gvs.ga.gov)
  - b. In the subject of the email write: "New Provider Application Request"
  - c. For initial consideration, include the following in the email:
    - i. Identify type of services that you provide. (See pg. 35 of this manual for a guide)
    - ii. Identify the designated part of the state where services will be provided.
    - iii. Organization website
    - iv. Statement of Qualifications to include but not limited to:

1. Summary of skills and experience for contractor/staff
2. Accreditation
3. Certifications
4. Licensure
5. Explanation regarding ability to deliver services.
6. Staffing with credentials
7. Curriculum offered (include link)
- v. Contact information of individual who can respond to inquiries about the Provider's service(s), experience and qualifications.
2. A Pre-Review of the information provided will be made, and a PRS will contact provider at the email and/or telephone number provided in the initial email after determining whether or not, service is needed.
3. Following the Pre-Review **if** service is needed, further examination will follow to include an examination of:
  - a. References
  - b. Résumé that includes education, certifications, training and experience for principal, all instructors, and employees who will provide service to GVRA/VR participants.
  - c. Copy of the business plan, if, a startup business
  - d. Organization chart showing internal structure with employee names and positions notating training service(s) each staff person will be administering.
  - e. Registration with the Georgia Secretary of State; Business License
  - f. Proof of financial stability to provide services offered.
    - i. Current 990 Tax form
    - ii. Recent full disclosure audited financial statement (Profit and Loss, Balance Sheet, Cash Flow, etc.)
  - g. A site visit may be conducted to
    - i. Determine suitability of space to provide service(s) offered.
    - ii. Assess technology that will be used to track service authorizations, monitor, and report participant progress, submit invoices, track payments etc.

Following the examination of information requested in Step 3, providers who are considered qualified will be asked to provide the following additional information to include:

- h. Current W9
- i. Certification of Insurance
- j. Workers Compensation Insurance if applicable
- k. Supplier (Vendor) Management Form with ACH instructions and Bank information
- l. Criminal Background check information will be provided.
4. Following a review of the documents in Step 4, if information is acceptable a letter from GVRA/VR confirming that Provider has become an eligible provider will serve as the final step indicating that the provider is deemed eligible to obtain a contract with GVRA/VR when services are needed.  
Note: Contract period is Federal Fiscal year (October – September). Contracts are only issued during this period unless agency determines there is an immediate when approved.
5. Following the orientation training for Onboarding New Providers, the package which includes information handouts and materials prepared for providers can be downloaded from the GVRA website under the providers tab.

**Note:** Supported Employment: If DBHDD has not approved you as an IPS provider in Georgia, you will not be able to offer that service. See page 158, 6005.08 Provider Qualifications.

#### **4. Provider Staff Qualifications and Documentation**

Providers must ensure that all staff members who provide services to VR participants, whether they be full-time/part-time employees or volunteers, have the required experience, education, licensure, credentials/certification to deliver those services. This includes, but is not limited to, any staff members who will be responsible for instruction, evaluation, assistance, coaching, transportation, communication, mentoring, consulting, etc. Each service that is to be delivered to VR participants is listed in the Standards and Provider Guidelines section of this Manual, including the standards and qualifications expected of staff members to provide each service. Any subcontractor working under the direction of or on behalf of a contracted Provider must also meet the same staffing requirements as providers.

Providers are expected to submit a list of their staff members to GVRA/VR to be pre-approved to deliver services. Any changes to personnel must be communicated and approved by GVRA/VR prior to services being provided. In addition, providers must provide documentation that demonstrate the credentials and qualifications of their staff members prior to services being initiated. Documentation shall include the following:

- Organizational Chart that clearly demonstrates staff reporting structure
- Resume, college transcripts, professional licensure, etc.
- Training certificates/certifications; and
- Fitness determination letter confirming background clearance from GVRA.

#### **5. Provider Agreements:**

Provider Service Contracts are entered into between the Georgia Vocational Rehabilitation Agency, Vocational Rehabilitation and qualified providers of vocational and rehabilitation services. The contract outlines the roles and responsibilities of both GVRA/VR and the provider and govern the provision of services and fees associated with those services that providers are authorized to provide to VR participants and invoice VR for payment.

##### **Guidelines:**

The purpose of a Provider Service Agreement is to establish the services and fees the provider is approved to deliver. Provider Service Agreements follow the same format and contain the same standard information consistently throughout the state. Provider Service Agreements may only be executed for providers who meet the standards and qualifications listed in the Provider Guidelines Manual. As an attachment to the Provider Service Agreement, an Annex document is included which outlines specific services and fees the provider is qualified to provide.

##### **The Provider Agreement Outsourcing Process – How to Enter into a Provider Service Contract with GVRA/VR:**

1. GVRA/VR determines that a specific service in a designated part of the state is needed to serve a participant.
2. GVRA/VR, identifies an approved “provider” qualified to meet the need.

3. Based on the Provider application for consideration to deliver services to VR participants, a Provider Services Agreement detailing approved services and payment rates will be developed and forwarded to the Provider for review and signature.
4. A Provider Service Agreement is fully executed *only after it is signed* by the GVRA Executive Director.

## 6. Provider Service Delivery

Delivery of quality services to GVRA/VR participants is our first priority. All Services are to be delivered in accordance with the Provider Agreement, Rate Schedule, and Outcome Measurement for Outsourced Services Section of this Manual.

Providers are encouraged to follow the requirements below to prevent delays in participant services:

1. Services **cannot** be delivered without an executed Provider Service Agreement.
2. Services can **only** be delivered after receiving a referral and an Authorization detailing requested work from GVRA/VR.
3. An Authorization is **NOT** a Provider Service Agreement.
4. Both, an executed Provider Service Agreement and an Authorization, are needed by a provider to deliver services to GVRA/VR participants. GVRA/VR will only accept work authorized.

### Authorizations

A Written Authorization describes services requested by a VR counselor for a VR participant. It is used to encumber funds for payment processing. An Authorization must be received from a VR Counselor **before** a Provider begins or delivers services to a VR participant. A written authorization can only be issued by VR staff.

Written authorization include the following information:

- *Authorization Number* – used to encumber and obligate funds to pay for services.
- *Vendor Number* – indicates vendor is an approved VR Provider and eligible to provide authorized services to VR participants for payment processing
- *VR Participant Name*
- *Description of services and VR service item codes* Authorized
- *Maximum dollar amount* that will be paid for the authorized services
- *Dates* for when services authorized are to begin and end
- *VR Counselor contact* information in case Provider has questions before, during or after authorized service(s) to a VR Participant are delivered.

When services are completed, a provider must submit a detailed and complete invoice for payment processing along with a participant progress report.

### Unacceptable

- Verbal request to deliver a service cannot be used to invoice for service. This is not considered an authorized service request.
- An email or other form of a request cannot be used to invoice for service. This is not considered an authorized service request.

## 7. Provider Invoices – Payment Requests

Documents submitted by the Provider as a request for payment for services which were authorized by the VR Counselor and rendered to a VR participant. All invoices must include an Attestation Statement.

Only services authorized in advance by a VR counselor for a VR participant are eligible to be invoiced.

The invoice must be on a Provider letterhead, or it must be on a preprinted form that includes the provider's name, address, authorization number and invoice number. (See Sample Invoice for complete requirements for payment processing).

Provider Invoice must include GVRA Attestation Statement

Amount invoiced cannot exceed amount Authorized.

All Invoices must include:

1. Completed invoice Form (See Invoice Sample Included in Manual) must include:

- VR Participant Name and Signature
- Invoice Number
- Provider Name, Address and Contact information
- VR Authorization Number
- Name of Provider staff delivering service
- Name of Instructor
- Description of Service Provided as Authorized
- Date(s) of Service
- Total Number of Hour(s)
- Start and end time for each individual service participant received.
- All invoices must indicate if service was delivered to participant in an individual setting with no other consumers participating in the same session or in a group setting where 2 or more participants or consumers participated.
- Amount requested for services provided must not exceed the amount of the Authorization

2. A Participant progress report (use sample VR Participant Progress Report included in Manual) describing the service(s) provided, an analysis of the participants progresses as a result of service, observations and recommendations for additional training to help participant achieve employment goal.

Invoice submissions must include all items referenced in both 1 and 2 to be processed for payment.

### **Unacceptable**

- Provider cannot invoice for services that are not authorized.
- Provider cannot submit an invoice in advance of completing all services authorized.
- Provider cannot submit an invoice that does not conform to the sample invoice attached and must include, at a minimum, all information requested on the sample invoice.
- Invoice amount submitted cannot exceed the amount authorized.

- All Participant Progress Reports must be individualized to reflect the individual participant and must reflect an assessment of the benefit or lack of resulting from the services provided.
- Providers cannot use the same wording for multiple participant progress reports (cut and paste or similar) or the same wording month over month for the same participant as both gives the impression that participants are not benefitting from services received or that provider is not carefully monitoring and documenting results of services applied.
- Providers must obtain proof of client participation in a VR authorized service.

Invoice submissions that do not conform to this format will be returned to provider as incomplete which will delay processing.

## 8. Provider Invoice – Payment Processing

Invoices are received from Providers for Services authorized and rendered to VR participants.

**Approvals:** All Invoices for participant services must be submitted to, reviewed, and approved by VR counselor authorizing service before it can be processed for payment.

**Submitting Invoices:** Please note the following:

- Invoices must be submitted no later than 30 days after authorized is completed.
- Invoices submitted more than 30 days after service is completed will not be paid.
- Invoices submitted *before authorized services are completed* per the issued authorization will not be paid.
- Providers must allow up to 30 days for *approved* invoices to be processed and payment issued.
- All Invoices with documentation must be submitted either through the Vendor Portal or submitted to Fiscal Services depending on the type of authorization issued.
- All invoices must include Attestation Statement:

***I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such agreement for the party I represent.***

***I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVRA/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.***

**For Technical Assistance:** Contact your assigned Provider Relations Specialist or send question to [Providermanagement@gvs.ga.gov](mailto:Providermanagement@gvs.ga.gov).

## 9. Outcome Measurement for Outsourced Services

The Vocational Rehabilitation Program (VR) establishes, maintains, and implements written minimum standards for the various service providers used by VR.

Each service provider is expected to deliver quality services. Employment outcomes are one-way VR can evaluate the effectiveness of each provider.

Outcome measures are based on the service type provided, and may include:

- The number of different participants employed after receiving service(s) and maintaining the position for over 90 days
- The percent of referrals who secure employment after services rendered
- Measurable skills gained, per participant, as defined by Rehabilitation Act, as amended
- Credentials gained by the participant, as defined by Rehabilitation Act, as amended.
- Wages paid at employment, at closure, one year after closure, two years after closure
- Health Benefits provided to participants at employment.
- Hours of service received and type.
- Diversity of the type of employment opportunities participants achieved.
- 100% Competitive Integrated Employment for participant

## 10. Provider Program Reviews - Site Visits

VR Program Reviews are conducted regularly to ensure contracted VR Providers are delivering quality services in compliance with standards, policy, and guidelines as outlined in the Provider Guidelines Manual. During the VR Program Review, staff will conduct interviews, review billing and authorizations of services, etc. Program Reviews are arranged by VR staff and can be conducted without notifying Providers in advance.

### ENTRANCE BRIEFING

The Entrance Briefing is an opportunity to recap and explain the purpose of the VR Program Review. This briefing is also a time for VR staff and the Provider to discuss the Program Review report from the prior year review (if applicable). The Entrance Briefing should last between 30-45 minutes. The VR Provider will be required to address the following areas during the visit:

#### A. Required Documents:

- Organizational Chart - this should list staff names and position/job titles,
- Financial Audit Report(s) – document(s) which outlines the provider’s financial assets, losses, revenue and capital gain, etc.
- Monthly Billing Reports – documents which detail listing of VR participants receiving services
- Liability Insurance – current information which identifies limited liability and Worker’s Compensation insurance coverage
- Time sheets, wage verification for VR participants participating in paid training services – documents which support attendance of participants participating in the program; copies of paycheck stubs/wage receipts to verify wages paid to the VR participant participating in the program
- VR participant files
- Provider staff files-direct participant services
- Subcontractor Agreement (if applicable) – document via the approval of VR which allows the service provider to provide services via 3<sup>rd</sup> party provider; the provider is held to the same criteria as service provider staff

#### B. Additional Documents - if applicable

- Certifications:
- CARF, TCSG, NAC accreditation - documents issued by accreditation agency (all that are applicable)
- Participant success story

- Facility news articles, magazine stories, etc. – events which highlight the accomplishments of a VR participants served by the provider.
- C. Interviews – The GVRA Reviewer may ask to interview individuals who may have information about the Provider’s program. These may include:
- VR participants (current/former)
  - Provider staff
  - Employers of VR participants (if appropriate)
- D. File Reviews – The Reviewer will examine
- a. **Participant files to include:**
- Referral information
  - Evaluation reports
  - Individual Plans of Employment (IPE)
  - Educational goals
  - Daily logs for each service received to include training, date, times, instructor and whether or not it was delivered in an individual or group setting.
  - Participant Monthly Progress Reports
  - Provider invoices and matching authorization
  - Discharge/Exit Summary
  - Case Notes, etc.
- b. **Staff employment files to include:**
- Qualifications and credentials to work with VR participants.
  - Employment terms
  - Background clearance
  - Job Description, etc.
  - Proof of employment for all staff providing services whether fulltime, part-time, or contracted
- E. Tours
- Tour provider primary site for delivering services.
  - Visit employment site(s) where VR participants are working – arranged in advance.
- F. Obtain information on technology Provider is using for invoicing, payroll, and participant records, etc.
- G. Review curriculum for each service offered.

## VISIT WRAP-UP

Prior to departing, the Reviewer will conduct a “Wrap-Up” session that will include:

- Preliminary findings and observations.
- Identify any additional information needed or areas of concern as a result of the visit.
- Inform provider that a draft report will follow in which the provider will be given an opportunity to add comments (if desired). Afterwards a final report will be distributed, and a copy maintained in the Providers’ VR file.

In the event a corrective action is required, the Report will address the findings and prescribed action. An **unscheduled** follow up visit may be arranged by VR staff to ensure the noted concerns are addressed.

## 11. Criminal Record Investigation Requirements for Provider staff

To ensure the safety and welfare of our participants, GVRA/VR requires all Providers' staff to undergo a comprehensive State and Federal criminal background check ***before*** delivering services to GVRA/VR participants.

It is the Providers responsibility to ensure that all staff selected to provide services to GVRA/VR participants undergo a criminal history Background Check.

Using the method described below, Background Check results will only be released to GVRA.

Providers will receive a Determination Letter for each employee undergoing a Background Check who receives an *acceptable* report. Determination Letters must be added to the Providers employee file. Local PRS can provide instructions and assistance for completing background checks when needed.

Individuals who do not receive a Determination Letter are prohibited from working with any VR participants and cannot be listed as a staff service provider on any VR invoice for payment.

The system used and instructions for obtaining a background check can be found in Appendix A.

### Criminal Background Investigation

Providers are responsible for all activities directly and indirectly related to delivery of services to a VR participant on the part of their staff members and any subcontractors working under their direction. They will be in the unique position of having individuals with disabilities in their care. Ensuring the safety, security, and welfare of these individuals is of the utmost importance to GVRA, which is why Providers, and their subcontractors, must provide a safe environment for VR participants. It is for this reason that Providers are required to have their staff members who are selected for positions in their organization undergo a criminal history background investigation which shall include, at minimum, a fingerprint record check with the Georgia Crime Information Center check pursuant to O.C.G.A. Secs. 35-3-34.2 and 35-3-35. The process and instructions for obtaining background checks is found in Appendix A of this Manual.

Information related to a staff member's background check conducted under this process will only be released to the designated GVRA/VR authorized employee to receive this information. This information will be kept confidential and secure under the standards and guidelines of the Georgia Information Sharing Analysis Center of the Georgia Bureau of Investigation. Once a background check is complete and reviewed by the authorized GVRA/VR employee, a Fitness Determination Letter will be issued to the Provider indicating that the staff member may be involved in or associated with services provided to a VR participant or any aspect that places the staff member within direct care, treatment, and/or custodial relationship with a VR participant. Providers must maintain this letter in their employee/staff

files and will be required to demonstrate that all staff members have undergone a background check by producing this letter upon request by GVRA/VR.

## **12. Conflict Resolution**

This section outlines the processes for addressing complaints. In all instances, the goal is to be responsive and timely so that VR participants experience little to no service interruptions, to ensure that only quality services are delivered at all times, and to maintain an amicable working relationship between VR Providers, VR Staff, and VR Participants. The processes below describe the two types of complaints that may be brought to VR: provider complaints and participant complaints.

### **1. Provider Complaints**

Providers can take the following steps if they have an existing Provider Service Agreement with VR to serve VR participants. VR encourages all providers with concerns to first speak to appropriate VR program staff to address any problems that arise. However, in the event a matter cannot be addressed at the local field office level, this process described will be followed.

The Provider Complaint process provides a centralized point of coordination for quality assurance, timeliness, data tracking and trending issues related to quantity and type of complaints received from providers. This process incorporates input from VR local offices. Most provider issues can be handled quickly and efficiently with assistance from both the state office and field staff as needed.

#### **Process:**

##### **A. Notification**

1. VR is notified of a complaint from a Provider regarding any issue. The complaint can be received in writing, electronic, or by telephone.
2. VR staff receiving a Provider complaint must refer the matter to the Field Services Director or their designee where the incident/issue is reported, and to the Provider Relations staff.

##### **B. Review of Complaint**

1. The complaint is investigated by the Provider Relations staff.
2. Providers are asked to cooperate with the investigation so that all allegations can be addressed.

##### **C. Outcome of Review**

1. The Provider Relations staff will send a written response to the Provider to include a summary of the complaint with the results of the review.
2. The response will be shared with appropriate VR staff.

3. A copy of the document will be placed into the Providers' file.

## 2. Participant Complaints

When a participant or their representative is not satisfied with services provided by or paid for by GVRA/VR, they can contact their Counselor or Team Lead.

### Process:

#### A. Notification

1. Participant or their representative notifies their Counselor of a problem with a provider. The complaint can be received in writing, electronic or by telephone.
2. Complaint is forwarded to the District Manager and Provider Relations staff. If it is determined that the Provider has committed abuse, neglect, or discrimination against our participant, it will be referred to Provider Management and to proper authorities immediately for action.
3. The Provider will be notified that a complaint has been filed against him/her. The Provider will be given an opportunity to respond to the allegation(s).

#### B. Review of Complaint

1. Provider Relations staff will interview the Participant or Representative making the allegation.
2. Provider Relations staff will obtain the Provider's written response to all allegations.
3. If the allegation is related to discrimination, abuse or neglect VR will suspend service delivery and select another provider to work with the participant. The new provider will be selected after consultation with the participant. Additionally, VR will report allegations to appropriate authorities. The intent is to ensure there is no gap in services for the participant.

### Outcome of Review

1. The participant will be notified in writing of the final outcome and decision.
2. The Service Provider will be notified in writing of the outcome of the review and final disposition.
3. The response will be shared with appropriate VR staff.
4. A copy of the document will be placed into the Providers' file.

## 13. Critical Incident Reporting:

Provider has the responsibility for ensuring the health and safety of all GVRA clients/participants served are not placed in any jeopardy. The Provider shall be responsible for implementing an effective response system when critical incidents occur. This responsibility includes, but is not limited to, any and all subcontractors employed by the Provider to provide services pursuant to this contract.

- A. In the case of an emergency, Provider shall call the appropriate local emergency medical services, police, or fire services (i.e., 9-1-1).
- B. Provider shall have a formal written critical incident reporting procedure that is approved by the licensing or certification authority, if applicable, and by GVRA Program Review.
- C. Provider is responsible for taking necessary actions to protect GVRA clients/participants from any possibility of harm. In doing this, Provider must preserve possible evidence for an investigation if one is to be conducted.
- D. Provider must notify the appropriate GVRA staff of the critical incident and results of any immediate action taken. Provider is expected to notify local law enforcement authorities in any situation where there is a potential violation of criminal law.
- E. GVRA will determine whether the Provider's actions were appropriate and sufficient, and/or whether additional corrective actions are warranted. In investigating a Critical Incident, GVRA will determine:
  - 1. Whether or not client/participant's health, safety and welfare was adequately protected;
  - 2. Whether the response to the situation and event was reasonable and appropriate;
  - 3. Whether the Provider's procedures and system for responding to such incidents were adequate; and that relevant steps to prevent similar incidents were taken.
  - 4. Whether the Provider and/or its staff or subcontractors involved in the incident appear to be adequately trained.
- F. Provider agrees to cooperate with GVRA in its investigation of all Critical Incidents and implement all corrective actions necessary to ensure the safety and well-being of the individuals served under this contract.
- G. Each Provider shall post a "Notice Concerning Critical Incident Reporting." The signage shall be produced by the Provider and shall conform in content to the sample in Appendix D. The Notice must be posted in a conspicuous, common area accessible to clients/participants, and the general public.
- H. All other required reporting procedures (i.e., child abuse reporting, etc.) and the timelines of other required reports will remain in force and are not replaced or superseded by the CIR process.
- I. Provider shall not use or disclose any information received during the investigation of a critical incident for any purpose other than the administration of Provider's or GVRA's responsibilities outlined in the Provider Agreement and this section, except with the informed, written consent of the client/participant or their legal guardian, as required by law.

## **14. Rate-Setting Methodology**

### **Uniform Guidance Implementation Procedures**

#### **Overview of Rate-Setting Methodology**

GVRA has the authority under the Workforce Innovation and Opportunity Act and the Federal Regulations 34 CFR 361 to develop and implement flexible procurement policies and methods that facilitate the provision of services, and that afford individuals meaningful choices among the methods used to procure services.

Rates for the procurement of vocational rehabilitation goods and services are established through the following methods:

- State of Georgia Procurement (DOAS)
  - Professional and technical contracts
  - Georgia Unique Fee schedules
  - Department of Health and Human Services
  - Local Minimum wage laws and prevailing wages for occupations
  - Service Rates from neighboring states
  - Input from Georgia Providers
- 

## **Laws and Policies Governing Rates**

The following laws and policies govern the rates that are set by GVRA.

### **Workforce Innovation and Opportunity Act (WIOA)**

Sec. 7. Definitions

Title I-Vocational Rehabilitation Services

Part A – General Provisions

Part B – Basic Vocational Rehabilitation Services

### **CFR Part 361 – State Vocational Rehabilitation Services Program**

34 CFR §361.48 Scope of Vocational rehabilitation services for individuals with disabilities

34 CFR §361.49 Scope of vocational rehabilitation services for groups of individuals with disabilities

34 CFR §361.50 Written policies governing the provision of services for individuals with disabilities.

34 CFR §361.53 Comparable services and benefits

### **34 CFR Part 397 Limitations on Use of Subminimum Wage**

Rate Determination

In determining the rates for all services listed in the Provider Guidelines Manual, GVRA/VR used the following sources and criteria to establish rates:

**For Rehabilitation services not addressed below, GVRA used the following methodology:** Rates are determined by an analysis of Georgia market rates and review of provider costs, and benchmarking with other state rehabilitation agencies.

**Georgia Unique Service Code**—a 5-digit number assigned to services that are not offered by medical providers. These codes are primarily assigned to providers with service agreements. Georgia Unique Codes range from 00001-09999 in the Case Management System (CMS)

03504 Computer Software

00202 Community Work Adjustment Training (Facility)

05704 Community Work Adjustment Training (Non-Facility)

**Physician's Current Procedural Terminology (CPT)** an official listing of medical, surgical and diagnostic services established by the American Medical Association. CPT codes range from 10000-99199 in the CMS. The CPT code is not established by GVRA staff and must always be provided by the medical practitioner.

99201- Basic Office Visit, New Patient  
96101-Psychological testing, Interpretation  
73560-Knee X-Ray  
92521-Evaluation of Speech Fluency  
97750 Physical Performance Test

**Healthcare Common Procedure Coding System (HCPCS)** an official listing of medical & surgical supplies, dental services, durable medical equipment, injections, orthotic & prosthetic services, and radiological services. HCPCS codes range from A4206-P9999 in the CMS. The HCPCS code is not established by GVRA staff and must always be provided by the medical practitioner.

K0108-Wheelchair, Other Accessories  
V2020-Frames Purchase  
D5120-Complete Denture, Mandibular  
V5261-Hearing Aid, Digital, Binaural, BTE  
L5981-Lower Extremity, Protheses

**Post-Secondary Academic**

University System of Georgia (USG) Colleges and Universities  
Technical College System of Georgia Schools (TCSG)

## APPENDIX A

### Fieldprint - GAPS Enrollment and Registration Procedures for GVRA Contractors

Fieldprint is the Georgia Bureau of Investigations (GBI) approved contractor which provides electronic fingerprint submission services to applicants in the State of Georgia. Georgia Vocational and Rehabilitation Agency (GVRA) contractors are required to utilize the services of Fieldprint Georgia Applicant Processing Services (Fieldprint-GAPS) for applicants for whom GVRA will provide the fitness determination relative to contracts with GVRA. In order to do so, GVRA contractors must enroll with Fieldprint-GAPS by following the steps detailed below.

#### NEW PROVIDER ENROLLMENT

1. Before you can register applicants for fingerprinting, you must enroll and obtain an OAC/GAC number.
2. If you already have an OAC/GAC number, proceed to Step 1 below.
3. If you do not have an OAC/GAC number, go to <https://fieldprintgeorgia.com/businesses>.
4. Click on “Create an account” fill in fields and complete general information.
5. Agencies can type 0 in the annual fingerprint volume field.
6. Answer the, “Are you contracted or licensed through a government agency” question.
7. Reviewing agency has a dropdown and you must select GVRA – GA931392Z – Georgia Vocational Rehabilitation Agency.
8. Your Provider Agency ID number will self-populate – this is your Requesting Agency OAC/GAC number. (Please record your OAC/GAC number for future reference).
9. Do not change this number as this will be the OAC number you will use for future fingerprint registrations.
10. Enter the contact Information for the individual that will be the contact on your account.
11. A second account is only needed if the agencies POC information is different from the agency head.
12. Select payment preference.
13. If provider pay is selected, you will be asked to enter credit card information and the information will be used to bill the agency per transaction.
14. Read and acknowledge the Service Agreement page.
15. Read and acknowledge the GCIC GAP User Agreement page. (You will have to acknowledge every 3 years).

16. Read and acknowledge the GCIC Non-criminal Justice User Agreement page. (You will have to acknowledge every 2 years).
17. Confirm and print if needed. Please allow one to two business days for the processing of your account.
18. Your agency will receive an email with user name and agency number.
19. A separate email will be sent with a temporary password to access your agency account.

For assistance with Fieldprint contact:

[GAcustomerservice@myfieldprint.com](mailto:GAcustomerservice@myfieldprint.com)

888-472-8918

## **Fieldprint - GAPS Enrollment and Registration Procedures for Applicants**

### **CREATE YOUR ACCOUNT**

To set up an account for scheduling to have your prints taken:

1. Visit the Fieldprint GAPS website at <https://www.fieldprintgeorgia.com>.
2. Select **Schedule Appointment**. As a new, first-time user on this site, click the **SIGN-UP** button.
3. Read and review the **Disclosure & Consent Agreement** statements. Once reviewed, you can download and save a copy of these statements, then click **I AGREE** to move forward. **If you do not select it, you will not be able to proceed.**
4. Begin the process of creating your account by entering your information into the fields provided. You must enter valid and accurate information in each starred field to proceed being sure to note the username and password that you enter as well as the answers to the security questions you select. Once all fields are complete, click **CONTINUE**.
5. An account verification email will be sent to the email address you entered in the registration field. **DO NOT CLOSE YOUR BROWSER**. Retrieve the verification code from your email, return to this page and enter the 8-digit number the verification code field. Then click **COMPLETE REGISTRATION**. If you did not receive the code in your email account, you can select the option to have it resent. If you still do not receive the code, you may not have entered your email address correctly and will need to contact Fieldprint Customer Service at 1-800-799-1067 or by email at [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com) for assistance.

6. Once registration is complete, you will be taken to the Log In Screen and at the top there will be a message that your account has been verified. Enter your Username and Password, then click **LOG IN**. You will be prompted to answer one of the security questions you chose during the account set up process. Answer the question and click **CONTINUE**.

## **REGISTER FOR FINGERPRINTING**

After clicking CONTINUE from the previous step you can register to have your fingerprints taken.

1. Scroll down the page until you find the Agency Tile for **Georgia Vocational Rehabilitation Agency**. Click that tile. On the next page, in the drop-down menu that appears, select the correct Reason for Fingerprinting: **GVRA Contractors Providing Direct Care**. The ORI Number GA931392Z will prepopulate. Click **CONTINUE**.
2. You will then be taken to the **Data Collection** page. In the **Personal Information** section, you must enter information in all required fields to move forward. Make sure that the name and information you enter matches the information that is on the form of approved identification that you will bring with you to the print site. Then click **CONTINUE**.
3. Proceed through the **Demographics** section by entering all of the necessary information then click, **CONTINUE**.
4. You will then move on to the **Authorization** section to review the Biometric Disclosure and Georgia Privacy Statements. You will have to acknowledge the Biometric Disclosure and the Georgia Privacy Rights and Acts Statements, then click **CONTINUE**. You may print the statements to keep a copy for your records.
5. Next, you will need to send your request to the **Georgia Vocational Rehabilitation Agency** to review and approve you for scheduling your appointment to get printed at a fingerprint site. Click, **SUBMIT REQUEST**. Once you receive confirmation that your request has been submitted and is under review, you can log out.
  - a. **IF YOUR REGISTRATION IS APPROVED**, a notification will be sent to the email address you provided giving you the option to continue with scheduling your appointment for fingerprinting.
    - i. **PLEASE NOTE: Whereas you have up to 180 days to be fingerprinted before your registration expires.**
  - b. **IF YOUR REGISTRATION IS DECLINED**, you will receive an email that informs you of the reason it was declined.

6. **The following forms must be completed and submitted to [ProviderManagement@gvs.ga.gov](mailto:ProviderManagement@gvs.ga.gov) simultaneously while registering for fingerprinting.**

1. Employee Application Fingerprint Check Verification Form
2. National Child Protection Act/Volunteers for Children Act Waiver and Consent Form
3. Applicant's Notice of Privacy Rights and Privacy Act



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	<input type="text"/>	Middle Name	<input type="text"/>	First Name	<input type="text"/>		
Other Name(s) Used	<input type="text"/>						
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>	Sex	<input type="text"/>	Race	<input type="text"/>
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>				

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

## 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.**

### NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities. You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

## Privacy Act Statement

*This privacy act statement is located on the back of the FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

**Routine Uses.** Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I have read and accepted these terms \_\_\_\_\_ Date \_\_\_\_\_

## **SCHEDULING A FINGERPRINT APPOINTMENT**

To schedule your fingerprint appointment, you will need to return to <https://www.fieldprintgeorgia.com>.

1. Under the **For Individuals** tab of the webpage, select the link which entitled “**I have been approved by my agency or have already scheduled.**”
2. Go to the **Returning User Login** button and click **Log In** to enter your Username and Password. Once you have successfully logged into your account, you will see a welcome message and a statement that you have been approved for printing. To proceed click **CONTINUE SCHEDULING**.
3. In the schedule appointment section of the site, you can enter your address to find a print location
  - a. near you. You can search appointment location availability by date, distance or soonest available
  - b. time. Once you select a location, you have the option to select a date and time that you wish to
  - c. arrive at the print site. Then click **CONTINUE**.
4. **If the agency is paying, you will click the Finish Scheduling button without seeing the Payment page.** If you are required to pay for the fingerprint appointment (\$51.50) you will select your method of payment – either PayPal or debit/credit card.
5. You will receive confirmation details once your payment has been authorized. The confirmation will include your appointment number and the date, time and location for your scheduled appointment, a list of approved forms of identification and a QR Code can be scanned in at the print location if the site has that capability. You are also given the option to download and print your confirmation to take to the print location along with an approved form of identification. You will also receive these instructions and information via email.

### **A. IF YOU ARE AN APPLICANT WHO RESIDES OUTSIDE THE STATE OF GEORGIA,**

you will have the option to visit the closest Georgia print site or request a printcard packet from a local law enforcement agency. Fieldprint will mail the packet to you along with instructions on how to submit the cards. Once the printcard packet is received, you will be able to get fingerprinted at any local law enforcement agency.

- i. Please note that each law enforcement agency has different criteria/requirements for getting fingerprinted at that location.
- ii. They may require an additional fee or you may be required to be a resident of that city or county. You will have to follow that law enforcement agency’s requirements, and if further clarification is required, you will need to contact that law enforcement agency directly.
- iii. If they require a fee, you will need to take that fee with you to the site on the day you are scheduled to be fingerprinted. Questions on acceptable forms of payment must be directed to that law enforcement agency.
- iv. Clicking on **Request Printcard Packet** beside the location you choose will take you to more detailed information about the requirements for that location. **Requesting a Printcard packet through a law enforcement agency is not an appointment to be fingerprinted.** It is just to log the status of your transaction.
- v. Once you select **Request Printcard Packet** on this page, you will be taken to the payment screen. You will be presented with the option to pay by PayPal or Debit or Credit

Card. Follow the instructions that come up once you select your payment method. Once you enter the necessary information, click **CONTINUE** to authorize payment.

vi. You will receive confirmation details once your payment has been authorized. You should receive your printcard packet within 7-10 business days. The confirmation will include your collection site location, phone number and available dates and times the site is open for printing. You are also given the option to download and print your confirmation to take to the print location along with an approved form of identification. You will also receive these instructions and information via email about what will be in your printcard packet and what you need to take to the print location.

**B. IF YOU ARE AN APPLICANT WHO RESIDES OUTSIDE OF THE COUNTRY**, you will need to contact Fieldprint Customer Service at 888-472-8918 ext 2440 for assistance with registering for fingerprinting.

6. You will receive confirmation details once your payment has been authorized. The confirmation will include your appointment number and the date, time and location for your scheduled appointment, a list of approved forms of identification and a QR Code can be scanned in at the print location if the site has that capability. You are also given the option to download and print your confirmation to take to the print location along with an approved form of identification. You will also receive these instructions and information via email.

**PLEASE NOTE: If your Fieldprint account has been inactive for 90 days, it will be closed and deactivated. If this occurs, if you try to log in, you will receive a message informing you that due to inactivity, your account has been closed. You will then have to create a new account and pay an additional fee or contact **Fieldprint at [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com) or by phone at 800-799-1067** to reactivate your account. Additionally, if you do not complete the scheduling of an appointment, the Georgia Vocational Rehabilitation Agency will not have any status updates.**

## **FINGERPRINT REJECTIONS**

If your prints reject for reasons such as the prints are too light or too dark, too high, or too low within the square, or the prints were rolled out of sequence, Fieldprint will notify you via email or by phone 1-3 business days about the status of our prints. If the process to receive a notification of the status of your prints take longer, the applicant may contact Fieldprint Customer Service for assistance at 1-800-799-1067 or by email at [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com).

If the prints are rejected, the notification will include a link to schedule another appointment for printing, instructions on how to submit another set of prints, and the reason the prints were rejected. The link will take you back to <https://www.fieldprintgeorgia.com> where you can log into your scheduling site. Once you have logged in, you will return to the **SCHEDULING A FINGERPRINT APPOINTMENT** section of this document and follow those instructions to schedule a new appointment. You will see the option of rescheduling.

## **FINGERPRINT APPOINTMENT CANCELLATIONS**

Applicants have the option to cancel or reschedule a fingerprint appointment.

If you need to cancel an appointment that you scheduled for fingerprinting and you want a refund, you will have to contact Fieldprint Customer Service at 1-800-799-1067 or by email at [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com) to process a refund.

If you need to cancel an appointment, log into your account and select the **CANCEL APPOINTMENT** option. You may reschedule the appointment at any date and time prior to 180 days from your registration approval date.

If you reschedule your appointment for the same day, you must schedule the new appointment at least 4 hours after your original appointment time. Appointments become “past due” after 24 hours from the original appointment time, but it can still be rescheduled as long as you are still within 180 days from your registration approval date.

**YOU WILL NOT RECEIVE A COPY OF YOUR FINGERPRINT RESULTS:** The Georgia Vocational Rehabilitation Agency will receive the results and provide them to the requesting agency via email with the Fitness Determination Letter attached.



PROVIDER'S NAME:

PROVIDER'S INVOICE #

: AUTHORIZATION #:

It is the responsibility of the provider to ensure that all provider invoice packets include proof of participation by a VR client in an authorized service. Proof of client participation can be met by submitting one or more of the following:

**A. Check document(s) being submitted**

- Client signed** time sheet (or)
- Client signed** progress report (or)
- Client signed** attendance sheet; (or)
- Client signed** provider invoice

**IF a provider is unable to submit one of the above, you must complete Section B below:**

B. Complete if no client signature documents are being submitted. Provide explanation for why provider was unable to obtain client signature:

- Check if client signature was not received

**(Explanation is subject to approval before payment is processed)**

I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such an agreement for the party I represent.

I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVRA/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.

**Participant's Signature:**

**Date:**

**Provider/Instructor's Signature:**

**Date:**

APPENDIX C

**VR Participant Monthly Progress Report**

<b>Month of Service:</b>	<b>Service Provided:</b>
<b>Authorization Number:</b>	<b>Name of VR Participant:</b>
<b>Service Provider Name:</b>	<b>Dates of Service:</b>

<b>1. Summary description of services rendered:</b>
<b>2. Participant response:</b>
<b>3. Areas of concern:</b>
<b>4. Action/Next Steps:</b>

\_\_\_\_\_  
VR Participant Signature      Date

\_\_\_\_\_  
Service Provider Signature      Date

**APPENDIX D**

**Georgia Vocational Rehabilitation Agency  
Notice Concerning Critical Incident Reporting**

Georgia Vocational Rehabilitation Agency (GVRA) requires that its contractors/service providers make every reasonable effort to ensure the safety of the individuals served through its programs.

To report an incident or situation that you feel may lead to serious injury or death to a GVRA client or participant, please contact Sharon Angel at:

Telephone: (470) 763-6274 Fax: (404) 206-5074

Email: [Sharon.angel@gvs.ga.gov](mailto:Sharon.angel@gvs.ga.gov)

**APPENDIX E**

**PROVIDER ACKNOWLEDGMENT**

*I certify and acknowledge that I have read and understand the entire GVRA/VR Provider Guidelines Manual, and I certify that I have read and understand the requirements in the GVRA/VR Provider Standards listed in the Provider Guidelines Manual.*

Provider Business Name: \_\_\_\_\_

Authorized Representative

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email signed form to: [Providermanagement@gvs.ga.gov](mailto:Providermanagement@gvs.ga.gov)

**APPENDIX F**

**VR Provider Year End Summary Report Outline**

All VR Providers are required to submit a Year End Summary Report. The Report is due to GVRA/VR no later than 30 days after the end of each contract fiscal year. Reports should document all VR Participant activities during the report coverage year. The report should include, at a minimum, the following information as a guide:

Provider Name:				
List of VR approved services provided during the fiscal year to all participants served:				
List different employer names and types of employment obtained for all participants assisted:				
Identify range of client wages or salaries for any who were employed:				
Number GVRA participants assisted during the fiscal year:	Number of GVRA participants referred for services:	Number of participants placed in competitive employment:	Average length of time participants received training:	Average dollar amount of services provided to VR participants:

Please attach:

- Highlight any pre-ETS during the year to include:
  - Total Number of students
    - Number: VR Participants
  - Type of Pre-ETS Service(s) Provider delivered.
  - Different type of activities/tours/events sponsored during the year.
- Highlight all participant success stories (may be used in GVRA Annual Report)
- If Program Review was conducted for your program indicate how you benefited from the visit
- Include news articles, magazine stories, etc., - events which highlight accomplishments of a VR client you served

# **SECTION 2**

## **SPECIFIC SERVICE STANDARDS**

### **Standards and Provider Guidelines**

- 1000      Evaluations and Assessments**
- 2000      Support Services**
- 3000      Assistive Skills Development**
- 4000      Pre-Employment Transition Services**
- 5000      Georgia Eligible Training Providers**
- 6000      Employment Skills Development**

# **SECTION 1000**

## **EVALUATIONS and ASSESSMENTS**

- 1000 Limited Vocational Evaluation**
- 1001 Comprehensive Vocational Evaluation**
- 1002 Comprehensive Vocational Profile**
- 1003 Work Evaluation**

## **PURPOSE OF EVALUATIONS**

The purpose of Evaluations is to gain participant, provider and GVRA/VR understanding in regard to the participant's vocational goals, academic and/or training needs and necessary accommodations such that the participant, provider and VR counselor have additional knowledge to make informed decisions. Evaluations aid in the identification of services and supports needed for the participant's vocational success.

### **Information for Providers**

For each of the evaluation services described in this section, the following applies:

- A variety of methods, tools, and strategies are utilized during the evaluation process to ensure information gathered is the most accurate and effective for planning appropriate services, resources and supports.
- Evaluation strategies utilized are age appropriate, individualized, person-centered and completed in an environment that fits the individual.
- Throughout the evaluation process, competitive integrated employment is assumed. Recommendations should not include employment with enclaves or with employers with sub-minimum wage certificates.
- Participant supports, including accommodations and/or assistive technology, shall be utilized throughout the evaluation process to ensure information gathered is the most accurate and effective (CSPM302.1.04, 302.1.05).
- The most appropriate level of evaluation service is utilized, and conducted in a way that ensures the participant can fully participate
- It is recommended that the evaluator develop an evaluation plan following a review of referral information and records provided. The evaluation plan will identify the specific referral question (s), the specific areas to measure and assessment strategies, potential need for accommodations, specific areas to measure, and other information needed. This evaluation plan should be reviewed with the participant and amended to include their input.
- A critical component of vocational evaluations is the use of work during the assessment process. It is preferred that this work be conducted in the community. If work samples are utilized, they should be related to the participant's expressed interests and preferences.

### **Providers/Individuals Qualifications**

- A. Providers/Individuals who obtained their CVE (Certification for Vocational Evaluation Specialists) prior to 2008 and have maintained it through CRCC (the Commission on Rehabilitation Counselor Certification)

- B. Provider/Individuals who are currently registered with the Registry of Professional
- C. Vocational Evaluators (RPVE) and have the PVE designation (Professional Vocational Evaluator). *Note: RPVE will dissolve effective 12/31/21 and will no longer be a recognized credential at that time.*
- D. Providers/Individuals who are Certified by the Commission on Rehabilitation Counselor Certification (CRCC), who also have documented training and experience performing vocational evaluations.
- E. Providers/Individuals with a Master's degree in vocational rehabilitation or a counseling-related field that may include, but is not limited to, rehabilitation, education, special education, social work or psychology to include documented coursework and/or professional experience specific to disability related issues, vocational assessment techniques, occupational analysis, job analysis, career development and transition assessment.
- F. Providers/Individuals who have a bachelor's degree in vocational rehabilitation or a counseling-related field that may include, but is not limited to, rehabilitation, education, special education, social work or psychology, plus two years of documented professional experience providing assessment or related services.

*Notes:*

*Specific to the Vocational Evaluation services (limited, comprehensive and profile), education, including continuing education, in the field of vocational evaluation/assessment is highly encouraged.*

*Specific to Person Centered Planning Services (to include Discovery), providers are encouraged to have obtained certifications that are available through University of Georgia's Institute of Human Development and Disability (IHDD), APSE, Griffin-Hammis LLC, Marc Gold and Associates or similarly approved program.*

*Professional experiences may include practicum or internships when performing evaluations was primary responsibility.*

*Qualifying Documentation - Providers will submit documentation to determine if they meet the standards for potential suppliers.*

Additionally, providers of evaluation services:

- Must meet test publisher qualification guidelines when utilizing standardized assessment instruments.
- Are expected to abide by the Code of Professional Ethics for Vocational Evaluation Specialists, Work Adjustment Specialists and Career Assessment Associations, regardless of educational or certification attainment. These codes can be found at: <https://www.crccertification.com/cve-cwa-ccaa-code-of-ethics>;

- Shall have the ability to select, adopt and/or develop methods and approaches which are, useful in determining an individual's attributes, abilities and needs.
- Shall have the ability to select, implement and integrate evaluation approaches which are current, valid, reliable and grounded in career, vocational and work contexts
- Shall have the knowledge and ability to individualize services and provide needed accommodations and/or modifications to the assessment process, observe behaviors and objectively record information
- Shall be knowledgeable about testing principles, understand the concept of measurement error, have the ability to interpret obtained scores and understand the literature relevant to the test or testing problems
- Shall be knowledgeable of Georgia's labor market, to include the skills and certification requirements for specific occupations. Evaluation providers should also be knowledgeable of the various best practices and evidence-based practices related to employment supports for individuals with disabilities
- Shall be well versed in assistive technology available for those with low vision or blindness. Technology should be utilized to provide reasonable accommodations throughout the evaluation process. Additionally, providers should confirm the compatibility of screen reader software programs with testing instruments prior to administering; and
- Shall conduct evaluation services using the participant's primary language. Providers working with participants who utilize American Sign Language to communicate should maintain a minimum score of Intermediate on the Sign Language Proficiency Interview or have an approved qualified ASL interpreter report.

### **General Process for Outsourcing**

It is GVRA staff's responsibility to determine the type of evaluation service to authorize.

### **General Standards**

#### **A. Timeliness**

The Provider must notify Vocational Rehabilitation within five (5) business days of receipt of referral whether or not they will accept the referral. The counselor must receive the completed evaluation report within ten (10) business days from the date of completion or termination of the evaluation. Upon completion of Evaluation and Assessment, a staffing may be scheduled with the participant, evaluator, counselor and all concerned parties to review the evaluation results.

## **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation Agency/Vocational Rehabilitation Program.

## **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provide direct services to VR participants. (For more information see Section 1 – Administrative / 11. Criminal Record Investigation Procedures in this Manual).

## **D. General Requirements**

**Mobility** - Consideration should be given to the participant's needs in determining an appropriate location for the evaluation. If the participant cannot travel to the evaluator's location, at the discretion of the VR counselor, an alternate setting may be chosen. In some situations, a provider may need to travel with portable equipment/tests to evaluate participants.

**Available Materials** - A list will be submitted by prospective providers of evaluative instruments with which they are competent and capable of administering and interpreting.

**Sample Product** - Providers will submit sample(s) of an Evaluation and Assessment report(s) to the PRS.

## **E. General Reporting Guidelines applicable to all evaluation services:**

- It is the evaluator's responsibility to ensure that the information contained in the report is presented in a manner that is easily discernible to the users and is written and communicated in an accessible format.
- The evaluation report must be relevant to the individual's interests, is written in a positive manner that focuses on strengths and provides information on how they can be successful in obtaining their vocational objectives.
- The findings from the evaluation process are ideally shared in a face-to-face meeting that includes the participant, the VR Counselor and all other stakeholders that are relevant to the participant in the rehabilitation planning process.

The following information is included in all reports:

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number

- Referring Vocational Rehabilitation Counselor
- Dates of Referral, Evaluation and Report
- Disability(s)
- Reason for Referral
- Behavioral Observations
- Sources of Information

Additional requirements for the specific evaluations are addressed further in this section.

### **Reason(s) for Referral**

- **Vocational and Educational History**  
The report should include any new findings not previously identified in the referral information.

### **Behavioral Observations**

- **Test Results**  
Name of instrument(s) and results should be included in the report.

### **Recommendations**

An Evaluation and Assessment report should provide sufficient data, with supporting rationale, to answer a specific referral question. It may address the following four (4) elements, depending on the nature of VR staff's request.

They are defined as follows:

- A. **Employability** – When an Evaluation and Assessment includes aptitude testing for specific occupations, the evaluator is expected to supply supporting rationale for the recommendation for employment/training in the target occupation.
- B. **Occupations** – The occupation section must correlate with the rest of the report. Whether or not an evaluation of a specific occupational goal is requested, any occupational recommendations made by the evaluator must be supported by specific testing and professional observation. When listing occupations, the evaluator must list titles and numbers from the **Dictionary of Occupational Titles**, keeping in mind jobs available in the participant's community or otherwise accessible to the participant.
- C. **Related Factors** – The evaluator is expected to report any issues that are identified during the course of the evaluation. Recommending accommodations for housing, transportation, financial and family issues.

- D. **Suggested Services or Accommodations** – The evaluator must note any service or activity which will enhance an individual’s vocational planning, employability, and/or independence. Examples include, but are not limited to, comprehensive evaluation or profile; rehabilitation assistive technology; rehabilitation services; counseling; training/education; workplace accommodations, i.e., flexible work schedules; medical/psychological services; job readiness; learning capacities; mobility training; job development and placement; and job coaching.

**1000.00 LIMITED VOCATIONAL EVALUATION – Provider Guidelines  
(CSPM 134.1.02-E)**

**1000.01 Description of Service**

A Limited Vocational Evaluation measures the participant’s strengths, identifies specific areas of need, and is designed to assess specific skills and abilities for a defined training program or vocational objective. The Limited Vocational Evaluation is time-limited and is used when the comprehensive vocational evaluation and vocational profile are not indicated.

**1000.02 Details of Service**

A Limited Vocational Evaluation is generally indicated when:

- Specific or focused referral questions can be addressed within the scope of the evaluation
- Measurements of only one or two areas are needed.
- Utilized when participants may have some work history and/or post-secondary education.

Dependent on the specific referral question provided by the VR Counselor, the Limited Vocational Evaluation process may incorporate or consist of:

- Brief summary and/or preliminary recommendations following review of relevant records.
- Informal assessments measuring:
  - Work values and preferences
  - Specific areas of independent living
  - Occupational interests
  - Learning Style
  - Observations from work experiences
- Formal assessments measuring:
  - Aptitude for specific vocational objective
  - Academic Skill and Achievement
  - Sensory and Psychomotor
  - Receptive and Expressive Language
- Labor Market Analysis
- Transferrable Skills Analysis

**1000.03 Specific Reporting Guidelines:**

**Reason(s) for Referral**

- **Vocational and Educational History**  
The report should include any new findings not previously identified in referral information.

- **Behavioral Observations**

- **Test Results**

Name of instrument(s) and results should be included in the report.

A. **Fee**

Compensation for this service is based on a one-time 5 hour maximum number of hours at a rate of \$82.00 per hour.

### EVALUATION AND ASSESSMENTS

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Vocational Evaluation LIMITED In Service Area</b>	<b>00023</b>	<b>\$82.00</b>	<b>Hour</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Vocational Evaluation LIMITED Out of Service Area</b>	<b>00023-OSA</b>	<b>\$123.00</b>	<b>Hour</b>	<b>&gt;61 miles one way to deliver service</b>
<p><b>Definition of Service:</b> A Limited Vocational Evaluation measures the participant’s strengths, identifies specific areas of need, and is designed to assess specific skills and abilities for a defined training program or vocational objective. The Limited Vocational Evaluation is time-limited and is used when the comprehensive vocational evaluation and vocational profile are not indicated.</p> <p style="text-align: center;"><b>NOTE: 5-hour maximum number of hours</b></p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement</b>				
<b>Report needs to be emailed to the referring Counselor</b>				
<b>Provider Guidelines Manual Reference#: 1000.00</b>				

**1001.00      COMPREHENSIVE VOCATIONAL EVALUATION – Provider  
Guidelines (CSPM 134.0.00, 302.0.00)**

**1001.01      Description of Service**

Comprehensive Vocational Evaluation is a process, which uses a combination of testing, work samples, situational assessments, prevailing labor market data, occupational information, assistive technology, functional capacities, accommodations, and modifications. The Comprehensive Vocational Evaluation provides an individualized and systematic process in which an individual, in partnership with the evaluator, learns to identify viable vocational options and develop employment goals and objectives.

**1001.02      Details of Service**

The Comprehensive Vocational Evaluation Process identifies and incorporates the individual's:

- Medical history
- Psychological information
- Educational history
- Social/Family information
- Economic information
- Work history (paid and unpaid)
- Cultural background
- Independent living information
- Attitude towards work
- Expressed goals related to work, independent living and economics.
- Other factors to consider during vocational planning.
- Input from individual's important to the participant or from the referral source

Depending on the referral questions, the evaluation process provides an objective assessment of the participant's:

- Cognitive Abilities
  - (i.e., learning style, memory, language, academic ability and aptitude)
- Psychomotor
  - (i.e., fine and gross motor function, balance, psychomotor aptitudes)
- Sensory/Perceptual
  - (i.e., visual motor integration, tactile discrimination, visual processing, spatial abilities)
- Exertional Capacity
  - (i.e., sustained mental and physical activity)
- Interpersonal/Soft Skills

- (i.e., ability to follow work schedule, respond to workplace stress, interact with public, co-workers and supervisors, meet production demands, understanding of work culture)
- Vocational aptitudes and work skills
- Occupational Interest
  - (i.e., knowledge of occupational information, job seeking skills and job retention skills)
- Independent Living Skills/Adaptive Behaviors
  - (i.e., ability to drive, understanding of safety, ability to make appointments)

The process also defines a participant's:

- vocational assets and limitations
- support needs, to include need for assistive technology and reasonable accommodations.
- barriers to employment
- further need for services to consider addressing barriers.
- possible employment objective

### **1001.03 Prescriptive Recommendations**

- A. **Employability**- Competitive, integrated employment is the presumed outcome. The evaluator, however, must identify the individual's ideal conditions of employment and what is needed to improve the fit between the person and their environment. This includes recommendations related to part-time or full-time work, training needs and level of support strategies needed for optimal success. The evaluator accomplishes this step through analysis and synthesis of information obtained through the evaluation process.
- B. **Occupations** - The occupation(s) recommended for the participant should meet several criteria: (1) must be appropriate given the participant's background, expressed and measured interests, participant's desired outcomes, and information gathered during the evaluation process; (2) should be available in the community, and the participant should have reasonable access to opportunities within the occupation (s); (3) required training and/or certifications, tools, equipment, etc. are accessible for the participant; and (4) transportation capabilities of the participant should be considered.

The occupation section should correlate with the rest of the report. If an occupation is recommended that the participant cannot currently perform, the evaluator should specify in the other recommendation sections what intervention steps should be taken to move the participant toward the ultimate goal. Likewise, the evaluation results should support the positive job recommendation. The evaluator is asked to think through the job

recommendations so that they are clearly stated and useful to the counselor and participant. When listing proposed occupations, the evaluator should list titles and numbers in conformance with the US. Department of Labor 2018 Standard Occupational Classification System bearing in mind that these recommended jobs are available in the community or within a reasonable driving distance and feasible for consideration.

- C. **Related Factors** – The evaluator should deal with two separate issues (1) Does the participant have adequate housing, transportation, financial and family stability? Will home issues impede the participant’s progress or support the participant’s efforts to become and remain employed; and (2) does the participant present with potential vocational barriers related to their age, lack of recent work history, criminal history or medical status that should be considered?
  
- D. **Interventions** - A service or activity needed to enhance an individual’s employability and/or independence. The service or activity should correlate to meet an identified need or barrier and/or address the individual’s functional limitation(s). Examples include, but are not limited to rehabilitation assistive technology; adjustment services; counseling; training/education; workplace accommodations, i.e. flexible work schedules; medical/psychological services; job readiness; learning capacities; mobility training; customized employment, supported employment, job placement; and job coaching.

**1001.04 General Standards**

**A. Fee**

Compensation for this service will be a one-time maximum fee of \$900.00.

## EVALUATION AND ASSESSMENTS

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Comprehensive Evaluation LIMITED In Service Area</b>	<b>00021</b>	<b>\$900.00</b>	<b>Client</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Comprehensive Evaluation LIMITED Out of Service Area</b>	<b>00021-OSA</b>	<b>\$1,350.00</b>	<b>Client</b>	<b>&gt;61 miles one way to deliver service</b>
<p><b>Definition of Service:</b> Comprehensive Vocational Evaluation is a process, which uses a combination of testing, work samples, situational assessments, prevailing labor market data, occupational information, assistive technology, functional capacities, accommodations, and modifications. The Comprehensive Vocational Evaluation provides an individualized and systematic process in which an individual, in partnership with the evaluator, learns to identify viable vocational options and develop employment goals and objectives.</p> <p style="text-align: center;"><b>NOTE: One-time maximum fee</b></p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement Report needs to be emailed to the referring Counselor</b>				
<b>Provider Guidelines Manual Reference#: 1001.00</b>				

**1002.00      COMPREHENSIVE VOCATIONAL PROFILE – Provider Guidelines**  
(CSPM 134.00, 302.0.00)

**1002.01      Description of Service**

A Comprehensive Vocational Profile is an evaluation strategy which attempts to provide effective job matching without relying on traditional testing and work samples. The profile is a comprehensive assessment of an applicant’s demonstrated skills, experiences, home, family, friends, neighborhood, informal supports, preferences, connections, and need for accommodation which, when taken as a whole, provides the basis for recommendations to the participant and the vocational rehabilitation counselor/work team.

**1002.02      Details of Service**

The Comprehensive Vocational Profile is used to match an individual to a job that is consistent with their interests, preferences and support needs. The focus is on the importance of the applicant’s demonstrated skills, experiences, home, family friends, neighborhood, informal supports, preferences, connections and need for accommodations. The profile seeks to empower and involve applicants, their families and friends. Common sense approaches to employment are given priority over strategies which rely solely on professional judgment and services. The approach to employment is to utilize the existing or natural supports of the participant and to develop additional supports to assist the participant in going to work.

Evaluation results are based on the following:

- Existing file documentation, to include previous evaluations and reports.
- Information gathered during interviews with the participant, family and others important to the individual.
- Observations during work experiences in the community, in their home and/or school utilization of various flexible assessment methods to collect accurate information about the participant and their support needs

*Note: The comprehensive vocational profile may be authorized when person centered employment planning is needed. This service assumes employability and is a strategy to explore and discover potential interests and skills, to identify specific support needs for employment, and to help clarify desired employment outcomes. This is a facilitated process that includes structured planning sessions where the individual, supported by family members and others well acquainted with him or her, identify personal characteristics, interest, skills and accommodation needs. The process enhances informed choice and job search planning engaging the individual in job exploration with connections to the community. The result is a job search and job support plan for job development. Models are Discovery, Discovering your Personal*

**1002.03 General Standards**

**A. Report Components**

In addition to the general reporting requirements, depending on the purpose of the referral, the vocational profile report should include the participant's:

- Detailed residential/Domestic information, such as:
  - Family (Parent/guardian, spouse, children, siblings)
  - Marital Status
  - Extended family
  - Names, ages and relationships of persons living in same home/residence.
  - Family supports available.
  - Description of typical routines friends and social group(s)
  - Description and location of neighborhood
  - Social Services near home
  - Transportation availability
  - General types of employment near home
  - Specific employers near home
- Educational information, such as:
  - History and general performance from school records, interviews, data, observations and vocational programs
  - Current occupation/status and personal summary
  - Community involvement
- Work experience information
  - Chores/work performed at home or in the community.
  - Volunteer work
  - Paid work.
- Summary of Present Level of Performance
  - Domestic skills
  - Community functioning skills
  - Recreation/leisure skills
  - Academic skills (reading, math, time telling, change making)
  - Motor/mobility skills.
  - Sensory skills
  - Communication skills
  - Social interaction skills
  - Physical/health related skills and information
  - Vocational skills

- Ability to utilize available assistive technology
- Learning and Performance Characteristics
  - What environmental conditions does the applicant like best?
  - What instructional strategies seem to work best?
  - Degree of supports typically required for learning and participation in community activities.
  - What environment/strategies should be avoided
  - Occupational knowledge and orientation to work culture.
- Preferences
  - Type of work the participant wants to do or has always wished they could do
  - Type of work the parent/guardian feels would be the best fit
  - What activity(s) the applicant enjoys doing
  - Observations of the kinds of work/activities the participant likes to do.
  - Observations of social situations and preferences
- Connections
  - Potential employers in family
  - Potential employers among friends
  - Potential employment sites in neighborhood
  - Business/employer contacts for leads through applicant, family, friends.
- Flexibility/Accommodations which may be required in workplace.
  - Potential need for accessibility assistance, rehabilitation assistive technology, personal care assistance, transportation and other support services
  - Habits, routines, patterns of behaviors, etc.
  - Physical/health restrictions
  - Behavioral challenges
  - Degree and type of negotiation with employers likely to be required
  - Recommended workplace accommodations.

This is a composite, narrative description based on all the information gathered during the profile activity.

- Job development/prospecting list

This is a targeted list to be used for job development purposes that is based on the information gathered during the comprehensive vocational profile process. It matches the participant to types of employment and potential employment

sites, all of which are consistent with the participant’s ideal conditions of employment. It is compiled with input from the participant, parents/guardians, others that are important to the individual, the VR Counselor, evaluation provider, and job development staff. The list will identify (1) type of jobs and (2) specific employers, including address, phone and point of contact.

**B. Fee**

Compensation for services will be a one-time maximum fee of \$2300.00.

**EVALUATION AND ASSESSMENTS**

<b>Service</b>	<b>Service Item Code</b>	<b>Fee</b>	<b>Per Unit of Measure (Client, Hour, etc)</b>	<b>Miles To Deliver Services</b>
<b>Comprehensive Vocational Profile In Service Area</b>	<b>00310</b>	<b>\$2,300.00</b>	<b>Client</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Comprehensive Vocational Profile Out Service Area</b>	<b>00310-OSA</b>	<b>\$2,700.00</b>	<b>Client</b>	<b>&gt;61 miles one way to deliver service</b>
<b>Comprehensive Vocational Profile (Blind Services Profile)</b>	<b>00310-BLV</b>	<b>\$3,450.00</b>	<b>Only approved providers</b>	<b>N/A</b>
<p><b>Definition of Service:</b> A Comprehensive Vocational Profile is an evaluation strategy which attempts to provide effective job matching without relying on traditional testing and work samples. The profile uses a person-centered approach for a strength-based assessment of an applicant’s demonstrated skills, experiences, home, family, friends, neighborhood, informal supports, preferences, connections, and need for accommodation which, when taken as a whole, provides the basis for recommendations to the participant, the vocational rehabilitation counselor, and the employment specialist.</p> <p><b>NOTE: One-time maximum fee</b></p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement Report needs to be emailed to the referring Counselor</b>				
<b>Provider Guidelines Manual Reference#: 1002.00</b>				

**1003.00 WORK EVALUATION – Provider Guidelines**  
(CSPM 134.00.0 and 302.00.0)

**1003.01 Description of Service**

A Work Evaluation is a short-term assessment (30 business days or less) that utilizes objective observations of work behaviors, physical capacities, work habits, interpersonal skills and functional skills to determine vocational options and suggested supports by having the participant in a work environment. Observations may come from specific job settings or a variety of work samples.

The purpose of Work Evaluation services is to determine participant work habits, strengths, barriers, needs and to assess the participant’s vocational options. Results will include recommended accommodations, necessary services and training.

**1003.02 Details of Service**

Work Evaluation services may include but are not limited to:

- Written evaluation report identifying strengths, barriers, needs, physical capacities, work habits, work behaviors and functional skills
- Possible vocational options
- Recommended accommodations.
- A formal staffing to discuss evaluation results and make program recommendations.

Work Evaluation services are to provide specific work behavior observations and recommendations, not limited to the following:

- response to supervision
- ability to follow directions.
- physical capacities and job tolerance
- quality and quantity of work
- ability to utilize criticism and instruction.
- attendance and punctuality
- co-worker relationships
- initiative
- safety awareness and practices
- communication skills
- accepting of job assignments
- problem solving/decision making skills.
- application of functional skills
- mobility

- use of accommodations or job site modification
- transportation accessibility
- acceptable personal appearance and dress
- attitude and acceptance of responsibility

### **1003.03 General and Specific Standards**

The written work evaluation report will identify any work habit strengths and deficits to be addressed, time frames and suggested services or accommodations necessary prior to the delivery of placement services. The provider will not provide additional services until authorized by the VR counselor

If significant work habit deficits are identified within the initial ten (10) days of service, the VR counselor will be notified. Pending guidance from the VR counselor, services may cease. The written work evaluation report will reflect the reason for cessation of services. Other services or supports may be identified to further the participant's progress on their vocational path. The work evaluation process may be repeated at a later time pending results of supplemental services.

Service is to cease, and the counselor must be notified verbally and then in the written report as stated above. The participant shall not continue in Work Evaluation after needs are identified.

#### **A. Report Components**

It is the provider's responsibility to ensure that the information in the report is easily discernible to the users and is staffed with the VR staff prior to meeting with the participant.

#### **Identifying Information**

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor Name
- Date of Referral, Evaluation, and Report
- Disability(s) Primary, Secondary and Onset of Functional Limitations

**Suggested Services or Accommodations** - Based on a person’s goals and skills, the employment setting, and the supports needed, assistive technology is provided as appropriate within the context of reasonable accommodations.

**B. Fee**

Rate based on \$24.00 per hour. NTE 6 hours in any one workday. Total service NTE 30 days with \$2880.00 max fee for this service.

**EVALUATION AND ASSESSMENTS**

Service	Service Item Code	Fee	Per Unit of Measure (Participant, Hour, etc)	Miles To Deliver Services
Work Evaluation In Service Area	00140	\$24.00	Hour	<60 miles one way to deliver service
Work Evaluation Out of Service Area	00140-OSA	\$36.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> A Work Evaluation is a short-term assessment (30 business days or less) that utilizes objective observations of work behaviors, physical capacities, work habits, interpersonal skills, and functional skills to determine vocational options and suggested supports by having the participant in a work environment. Observations may come from specific job settings or a variety of work samples.</p> <p><b>NOTE: NTE (not to exceed) 6 hours in any one workday. Total service NTE 30 days with \$2,000.00 max fee for this service.</b></p>				
<p><b>All associated costs included in service rate</b></p>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours and client signature. Report emailed to the referring counselor.</b></p>				
<p><b>Provider Guidelines Manual Reference#: 1003.00</b></p>				

# **SECTION 2000**

## **SUPPORT SERVICES**

**2000 Technology Scripting Services**

**2001 Interpreters for the Deaf**

**2002 Transportation Services**

**2000.00 TECHNOLOGY SCRIPTING SERVICES – Provider Guidelines  
(CSPM NONE)**

**2000.01 Description of Services**

Technology Scripting Service (TSS) refers to highly specialized computer programming to allow speech output to be available to a person who is blind or severely visually impaired. Many of the speech output programs available on the market provide limited speech access to proprietary computer programs developed for business applications. In order for a person to have full and rapid access to all the menus, fields and multiple screens, it is often necessary for a “Technology Scripter”, to write script files. These script files are small programs that provide the screen-reading program with the information it needs to execute functions through keyboard commands called by the end user. TSS can also be a brief intervention to assist a person to overcome a barrier with their technology. TSS can be provided in a business, school or at home. The scripting is usually done in person on site but could also be done at a distance when appropriate. Examples of screen reading programs that commonly need scripting include, but are not limited to, JAWS, and NVDA.

**2000.02 Provider Information**

TSS requires an initial written assessment of the system being evaluated for screen reading accessibility and compatibility with the proprietary software required for the participant to be successfully employed. This includes interviews with the appropriate people to determine the tasks essential to the job or function that are difficult or impossible due to low vision. This may include the end user, IT personnel, support personnel, supervisor, manager and any other person involved.

Each assessment will include:

- Scope of the project
- Projected number of scripting hours to complete the assignment.
- Projected start date
- Projected completion date
- Detailed project timelines with milestones identified.
- Materials, equipment and tools required. (If any)
- Anticipated amount of technology access training the end user will need to become a proficient user

**A. Timeliness/Assessment**

Provider must notify counselor within five (5) business days from receipt of referral whether they will accept referral. Provider will give counselor an

approximate begin date of services. A proposal for time frames and frequency of instruction and progress reports should be included in the report, and should be agreed to before the purchase of services. A final report must be received by the VR staff within ten (10) business days of completion of services.

### **2000.03 Provider Qualifications**

TSS providers are required to meet the following qualifications:

- a. Extensive experience/education/competence in the field of technology and computer networking
- b. Assess complex technology programs in a business environment.
- c. A minimum of 30 hours of professional, documented scripting experience writing program scripts that will allow the visually impaired end user to freely and effectively navigate the required programs to accomplish the Individualized Plan for Employment.
- d. Demonstration of competence by providing a resume of successful scripting projects that includes the size and scope of the work.
- e. A list of references for the projects completed

#### **B. General Requirements**

**Mobility** - Consideration should be given to the participant's needs in determining an appropriate location for providing services.

**Training/Service Materials** - Providers will submit a list of training/service materials to be used

**Sample Product** -Providers will submit sample(s) of training reports and action plans.

#### **C. Report**

It is the provider's responsibility to ensure that the information in the report is easily discernible to the users and is staffed with the VR staff prior to meeting with the participant. All reports must be signed by the provider.

#### **Identifying Information**

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor Name

- Date of Referral, Evaluation, and Report
- Disability(s)

**D. Fee**

Hours for this service will be determined by the job.

**SUPPORT SERVICES**

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Technology Scripting Services In Service Area	03499	\$75.40	Hour	<60 miles one way to deliver service
Technology Scripting Services Out of Service Area	03499-OSA	\$113.10	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> Technology Scripting Service (TSS) refers to highly specialized computer programming to allow speech output to be available to a person who is blind or severely visually impaired.  <b>NOTE: Hours for this service will be determined by the job.</b></p>				
<p><b>All associated costs included in service rate</b></p>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include client signature. Invoice should include number of hours required to complete job.</b></p>				
<p><b>Provider Guidelines Manual Reference#: 2000.00</b></p>				

**2001.00 INTERPRETERS FOR THE DEAF – Provider Guidelines**  
(CSPM 470.0.00)

**2001.01 Description of Service**

Interpreters facilitate communication between persons who are deaf, hard-of-hearing or deaf-blind and persons who are hearing. Interpreting services provide accessibility to various programs and services to ensure effective communication. Interpreters act only in the role of communication facilitator.

**2001.02 Provider Information**

The Georgia Vocational Rehabilitation Agency, Vocational Rehabilitation Program currently provides interpreters for staff through a referral from the agency based on the contract and for participants through a Provider Service Agreement with qualified vendors.

Interpreter requests should be made as soon as the date and time for the assignment are confirmed. Although it may be possible to obtain an interpreter on short notice, it is suggested that requests for interpreter services be made at least two weeks in advance to ensure that a qualified interpreter is available to meet the need.

Video Remote Interpreting Services (VRI) are available in some areas with videophones or web-based technology. Requests for VRI services are also handled through a contract and/or Provider Service Agreement with the VRI provider. Only certified interpreters are used in this process. It may be possible for interpreter requests to be filled with a remote interpreter with less advanced notice than the two-week recommended time for the traditional interpreter requests. Contact your District Manager or State Coordinator for Deaf Services for specifics about arranging for this service.

The agency is required to provide funding for such service if no other public entity is required to provide such aid service. Negotiation of shared cost of interpreters is encouraged with another public entity who is required by law to provide services so an individual may access or participate in any vocational related service or training.

**2001.03 Provider Qualifications**

The following credentials are required for Interpreters to provide services for VR staff and/or participants.

- **Educational Interpreter Performance Assessment (Score 4.0 or above in secondary settings) {EIPA}** – The administration of the test for this certification is by the Boystown National Research Hospital. Holders of this certificate have demonstrated the ability to interpret between English-based

sign language in a classroom environment. This includes voicing English in both sign-to-voice and voice-to-sign from learners. The holder of an EIPA 4.0 or above may not have the ability to interpret using American Sign Language in all situations. The holder may not be appropriate for requests where medical terminology or legal terminology is imperative. This should only be used in educational or instruction settings. For billing purposes, this will be coded as a nationally certified interpreter.

- **CDI (Certified Deaf Interpreter)** – The holder of this certificate is Deaf or hard-of-hearing. In addition to proficient communication skill and general interpreter training, the CDI has specialized training and/or experience in the use of gesture, mime, props, drawings and other tools to enhance communication. The CDI has knowledge and understanding of deafness, the Deaf community and Deaf culture. The CDI possess native or near-native fluency in American Sign Language (ASL) and is often used to communicate with deaf and hard-of-hearing consumers with minimal language and/or with Deaf-blind consumers.
  
- **NIC (National Interpreter Certification)** – The NIC exam tests interpreting skills and knowledge in three critical domains:
  1. General knowledge of the field of interpreting (written exam)
  2. Ethical decision making (Interview – Performance)
  3. Interpreting AND transliterating skills (Performance)

Holders of this certificate have scored within the standard range in these three areas.

Passing the test at the NIC level indicates that the interpreter has demonstrated skills in interpreting that meet a standard professional performance level and should be able to perform the varied functions of interpreting on a daily basis with competence and skill. It also shows that an individual has passed a test with both interpreting and transliterating elements, as opposed to one or the other.

Individuals holding the NIC certifications may be expected to perform competently in most routine interpreting assignments as well as in assignments that may be more complex in nature or require interpreting skills above standard levels.

**Note: Qualifying Documentation - Providers will submit documentation to determine if they meet the standards for potential suppliers.**

**The PRS is responsible for determining if providers meet minimum qualifications.**

## **2001.04 Process for Outsourcing**

It is the VR staff's responsibility to determine when Interpreting Services are required.

The VR Interpreter Request Form should be used when referring participants for deaf interpreting services served through the referral agency contract. This form is not used for referrals through individual Provider Service Agreements.

## **2001.05 General and Specific Standards**

### **A. Timeliness**

The standard time to request interpreting services should be as soon as the need and date of services is determined, but no less than 48 hours. The provider shall accept or reject the assignment within 24 hours of receipt.

### **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation Agency/Vocational Rehabilitation program.

### **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provide direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

### **D. General Requirements**

**Mobility** – Consideration should be given to the participant's needs in determining an appropriate location for the meeting. If the participant cannot travel to the meeting location, at the discretion of the VR staff, an alternate setting will be chosen.

### **E. Fee**

Regular hour's rates are \$175.00.

## SUPPORT SERVICES

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Interpreters for the Deaf</b>				
Interpreting Services	03446	\$175.00	Hour	<60 miles one way to deliver service
Interpreting Service Out of Service Area	03446-OSA	\$220.00	Hour	>61 miles one way to deliver service
Interpreting Service Virtual	03447-VR	\$125.00	Hour	<60 miles one way to deliver service
Support Service Provider/Tactile/ American Sign Language	03493	\$195.00	Hour	Certified SSP
<p><b>Definition of Service:</b>Support Service Provider (SSP) serves as a connection between someone who has a combined loss of vision and hearing and the surrounding environment. Specifically, the SSP provides access to visual, situational, and environmental information, serves as a human guide, and facilitates lengthy or brief casual exchanges of spoken and/or signed conversations.</p> <p style="text-align: center;"><b>*All interpreters must be Certified Deaf Interpreters.</b></p> <p><b>*Support Service Provider/Tactile American Sign Language (SSP/TASL):</b> assists clients whose primary language is tactile, ASL by providing direct communication facilitation i.e., tactile/protactile. Use 03493</p> <p><b>*Support Service Provider/Hearing Impaired (SSP/HI):</b> assists clients whose primary language is received as spoken English. Use 03493</p> <p><b>*Support Service Provider/American Sign Language (SSP/ASL):</b> assists clients whose primary language is ASL. Use 03493</p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include number of hours required to complete job.</b>				
<b>Provider Guidelines Manual Reference#: 2001.00</b>				

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Pre-Employment Transition Services (Pre-ETS) Interpreter Services</b>				
<b>Job Exploration</b>				
Pre-ETS Job Exploration Interpreter Services	Pre-3229	\$175.00	Hour	<60 miles one way to deliver service
Pre-ETS Job Exploration Interpreter Services Out of Service Area	Pre-3229OS	\$220.00	Hour	>61 miles one way to deliver service
Pre-ETS Job Exploration Interpreter Services Virtual	Pre-3230VR	\$125.00	Hour	Remote
<b>Work Based Learning</b>				
Pre-ETS Work Based Learning Interpreter Services	Pre-3311	\$175.00	Hour	<60 miles one way to deliver service
Pre-ETS Work Based Learning Interpreter Services Out of Service Area	Pre-3311OS	\$220.00	Hour	>61 miles one way to deliver service
Pre-ETS Work Based Learning Interpreter Services Virtual	Pre-3312VR	\$125.00	Hour	Remote
<b>Counseling on Enrollment Opportunities</b>				
Pre-ETS Counseling on Enrollment Opportunities Interpreter Services	Pre-3409	\$175.00	Hour	<60 miles one way to deliver service
Pre-ETS Counseling on Enrollment Opportunities Interpreter Services Out of Service Area	Pre-3409OS	\$220.00	Hour	>61 miles one way to deliver service
Pre-ETS Counseling on Enrollment Opportunities Interpreter Services Virtual	Pre-3410VR	\$125.00	Hour	Remote
<b>Work Readiness Training</b>				
Pre-ETS Work Readiness Training Interpreter Services	Pre-3552	\$175.00	Hour	<60 miles one way to deliver service
Pre-ETS Work Readiness Training Interpreter Services Out of Service Area	Pre-3552OS	\$220.00	Hour	>61 miles one way to deliver service
Pre-ETS Work Readiness Training Interpreter Services Virtual	Pre-3353VR	\$125.00	Hour	Remote

<b>Introduction in Self-Advocacy</b>				
<b>Pre-ETS Introduction in Self-Advocacy Interpreter Services</b>	<b>Pre-3628</b>	<b>\$175.00</b>	<b>Hour</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Pre-ETS Introduction in Self-Advocacy Interpreter Services Out of Service Area</b>	<b>Pre-3628OS</b>	<b>\$220.00</b>	<b>Hour</b>	<b>&gt;61 miles one way to deliver service</b>
<b>Pre-ETS Introduction in Self-Advocacy Interpreter Services Virtual</b>	<b>Pre-3629VR</b>	<b>\$125.00</b>	<b>Hour</b>	<b>Remote</b>
<b>Definition of Service:</b> All interpreters must be Certified Deaf Interpreters.				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation:</b> Signed Invoice with Attestation Statement to include number of hours required to complete job.				
<b>Provider Guidelines Manual Reference#: 4006.00</b>				

## **2002.00 TRANSPORTATION SERVICES – Provider Guidelines**

(CSPM 494.0.00)

### **2002.01 Description of Service**

Transportation service provides the means necessary to enable an applicant or eligible participant to participate in a vocational rehabilitation service. Transportation may be an essential part of assisting the participant in obtaining a continuum of services that leads to an employment outcome.

### **2002.02 Provider Information**

The focus on providing transportation services is to assure that all eligible individuals have the opportunity and means for participation in rehabilitation services. These provider guidelines apply only to private companies and nonprofit organizations to include community facilities, under contract or Provider Service Agreement.

### **2002.03 Provider Qualifications**

Providers must meet the following qualifications:

- Must be registered with the Department of Public Safety and verify registration under the website below. If a provider does not show as registered, they must then go to the site and register.

<http://www.gamccd.net/HB225/Main.aspx>

This policy with the Department of Public Safety can be verified under the policy link below under Title 40:

<https://advance.lexis.com/container/?pdmfid=1000516&crd=3b51c7e2-272b-41ff-ad2b-405cdad8b90a&func=LN.Advance.ContentView.getFullToc&nodeid=ABO&typeofentry=Breadcrumb&config=00JAAzZDgzNzU2ZC05MDA0LTRmMDItYjkzMS0xOGY3MjE3OWNlODIKAFBvZENhdGFsb2fcIFfJnJ2IC8XZi1AYM4Ne&action=publictoc&pddocfullpath=%2fshared%2fdocument%2fstatutes-legislation%2furn%3acontentItem%3a5NYG-GFM0-004D-843M-00008-00&pdtocfullpath=%2fshared%2ftableofcontents%2furn%3acontentItem%3a7YJ8-39M0-Y905-D000-00008-00&ecomp=v5rtkkk&prid=22f7329b-f04c-4c99-9483-e0edf990ae0e>

Non-Medical Emergency Transportation:

For any Non-Medical Emergency Transportation Carrier that uses vehicles with a passenger capacity of **10 or less** are **not** required to register their vehicles with or obtain operating authority with the Department of Public Safety.

Any carriers that have a seating capacity of **11 passengers or more** (including the driver) must do the following:

- Apply for a Passenger permit or Class “B” Passenger certificate, with the Georgia Department of Public Safety’s Regulatory Compliance Section to obtain operating authority in Georgia.
- Obtain a DOT Number issued by FMCSA.
- Register their vehicles with the Georgia Department of Public Safety’s Georgia Intrastate Motor Carrier (**GIMC**) Unit

Any for-hire carriers of passengers that are not listed and are required to obtain a permit and/or certificate will be considered an illegal carrier if they cannot produce appropriate documentation. Illegal carriers are subjected to civil and/or criminal penalties.

More information about of the Department of Public Safety’s regulatory programs can be found on our regulatory website: [www.gamccd.net](http://www.gamccd.net)

### **Documentation of Insurance Requirements**

**Note: Qualifying Documentation – Providers will submit documentation to determine if they meet the standards for potential suppliers.**

**The PRS is responsible for determining whether providers meet qualifications.**

#### **2002.04 Process for Outsourcing**

It is the VR staff’s responsibility to determine when transportation service is appropriate. Transportation should not be the only service provided to allow VR participants to participate in a series as outlined on the Individual Plan for Employment.

#### **2002.05 General and Specific Standards**

##### **A. Timeliness**

Transportation services must be provided in accordance with the times VR staff designate.

## **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation Agency.

## **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

## **D. General Requirements**

Mobility - Consideration should be given to the participant's needs in determining an appropriate vehicle. Available Materials – A vehicle maintained in safe operating condition.

## **E. Report**

Transportation providers should maintain vehicle trip reports to include the participant's name, the dates and times of pick up and drop off, and the number of VR participants transported each way.

## **F. Fee**

Round-trip passenger \$25.00 One-Way:

Note: \$25.00 One-Way rate is per participant.

## SUPPORT SERVICES

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Transportation	00018	\$25.00	Client	One-Way Ride
<p><b>Definition of Service:</b> Transportation service provides the means necessary to enable a participant to participate in a vocational rehabilitation service.  <b>NOTE: One way ride per participant.</b></p>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement and receipt from Uber/Lyft/Airline, etc .</b>  <b>If transportation is provided by the Provider, Client Signature is Required on the Transportation Log with Dates</b></p>				
<p><b>All associated costs included in service rate</b></p>				
<p><b>Provider Guidelines Manual Reference#: 2002.00</b></p>				

# **SECTION 3000**

## **ASSISTIVE SERVICES**

- 3000 Braille Instruction
- 3001 Certified Vision Rehabilitation Therapy
- 3002 Comprehensive Low Vision Evaluation with Follow-Up Care
- 3003 Orientation and Mobility – Visual Impairments
- 3004 Technology Access Training
- 3005 Adjustment Counseling to Blindness
- 3006 Residence Modification
- 3007 Driver Evaluation
- 3008 Vehicle Modification
- 3009 Driver Training

## **3000.00 BRAILLE INSTRUCTION – Provider Guidelines**

### **3000.01 Description of Service**

Braille is a tactile system for reading and writing English. People with visual impairments use Braille to facilitate reading and writing. Instruction is used to train individuals who are visually impaired in the use of this literary and math code (Nemeth). Nemeth Braille code for Mathematics is a Braille code for encoding mathematical and scientific notation linearly using standard six dot Braille cells for tactile reading by the Visually Impaired. Braille instruction is provided to individuals who are visually impaired, and/or are Deaf Blind to support educational and employment outcomes.

### **3000.02 Service Information**

Braille instruction services may include the following:

- Assessment of participant skill level and instructional needs/potential to determine appropriate learning medium including but not limited to uncontracted and contracted Braille. Uncontracted, letter-by-letter Contracted utilizing abbreviations, contractions and other short forms of words.
- Development of individual instructional plans.
- Teaching adaptive skills in the areas of Braille code (reading and writing).

For the instruction of Braille, adaptive skills may be necessary for successful outcome. These include:

- Tactual discrimination
- Functional use of Braille for activities of daily living (ADL)
- Access and management of materials
- Knowledge of Braille technology

### **3000.03 General and Specific Standards**

#### **I. Assessment/Referral**

- The Provider must notify Vocational Rehabilitation within five (5) business days of receipt of referral regarding whether or not they will accept the referral.
- Participant's previous training, if any, along with beginning and current levels of skill present.
- At the completion of services, a report must be received by the counselor within ten (10) business days from the date of completion or termination of the service. The written report will recommend additional instruction

- to be provided and time frames prior to the delivery of any further services. Time frames based on comprehensive versus itinerant training.

## II. Monthly progress report/final

- At the end of each month, the Provider will provide the Vocational Rehabilitation Counselor a summary of the following:
  - 1) Skills that were taught during the month.
  - 2) The level of competency in Braille reading and writing to be achieved and the duration of each session of Braille instruction
  - 3) Participant initiative, motivation and progress toward learning those skills.
  - 4) Training concerns that need to be addressed
  - 5) Topics to be covered the following month if additional training is required
  - 6) It is the provider's responsibility to ensure that the information in the report is easily discernible and accessible to the users, and is staffed with VR and the participant
  - 7) Reports must be signed by the provider. Identify:
    - a. Participant name
    - b. Date of Birth
    - c. Address
    - d. Telephone Number
    - e. Case Number
    - f. Referring Vocational Rehabilitation Counselor
    - g. Date of Referral, Evaluation, and Report
    - h. Disability (or disabilities)

## III. General Requirements

Mobility - Consideration should be given to the participant's needs in determining an appropriate location for providing instruction. If the participant cannot travel to the instructor's location, at the discretion of the work team, an alternate setting could be chosen.

## IV. Interventions

Adaptive technology needed to enhance an individual's employability and/or independence. The intervention should meet a perceived need and/or address the individual's functional limitation(s).

## **3000.04 Provider Qualifications**

Braille instruction providers must be certified or meet one of the following qualifications as outlined below. This category is for providers who only teach Braille as a sole service:

- I. Certified by the Library of Congress as a Braille transcriber and/or a Braille proofreader, and one year of documented experience in Braille instruction and competencies; or
- II. Documentation of successful completion of college course work at an AER (Association of Education and Rehabilitation of the Blind and Visually Impaired) that includes courses in contracted Braille and/or Braille literacy, or has Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) certification; or National Blindness Professional Certification Board (NBPCB). Documentation of ability to read and produce contracted Braille by using a mechanical Braille (Ex: Perkins Braille) and a slate and stylus and Braille technology with a minimum of three year's work experience in teaching contracted Braille; or
- III. National Certification in Unified English Braille (NCUEB) from the National Blindness Professional Certification Board a minimum of one year's work experience in teaching contracted Braille; and
- IV. NCUEB Certification or a Letter of Proficiency in Unified English Braille (added to previous NLS certification) from the Library of Congress.
- V. Qualifying Documentation - Providers will submit documentation to determine if they meet the standards for potential suppliers. The PRS is responsible for determining whether providers meet qualifications.

## **3000.05 General Standards**

### **A. Fee**

Compensation for services will be:  
50 hours maximum for standard instructions.  
100 hours maximum for complex instructions.

Individual instructions \$45.00 per hour.

## ASSISTIVE SERVICES

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Braille Instruction In Service Area	00370	\$45.00	Hour	<60 miles one way to deliver service
Braille Instruction Out of Service Area	00370-OSA	\$67.50	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> Braille is a tactile system for reading and writing English. People with visual impairments use Braille to facilitate reading and writing.</p> <p style="text-align: center;"><b>NOTE: Compensation for services will be as follows:</b>            Standard Instruction - 50 hours maximum  <u>OR</u>            Complex Instruction - 100 hours maximum</p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement, client signature and number of hours required to provide instruction</b>				
<b>Provider Guidelines Manual Reference#: 3000.00</b>				

**3001.00 Certified Vision Rehabilitation Therapy – Provider Guidelines**  
(CSPM 476.0.00, 608.0.00)

**3001.01 Description of Service**

According to the [Academy for Certification of Vision Rehabilitation & Education Professionals \(ACVREP\)](#), vision rehabilitation therapists (also called rehabilitation teachers) work in center-based or itinerant settings and "instruct persons with vision impairments in the use of compensatory skills and assistive technology that will enable them to live safe, productive, and independent lives."

Vision rehabilitation therapists teach:

- Communication systems (use of Braille or optical devices)
- Personal management skills
- Home management techniques
- Activities of daily living
- Leisure and recreation skills
- Psychosocial aspects of blindness and vision loss
- Medical management (use of adaptive medical equipment)
- Basic orientation and mobility (O&M) skills

Certified Vision Rehabilitation Therapy is a service provided when specialized instruction, devices and techniques are necessary in order to prepare a person who is blind or visually impaired to pursue a vocational goal and learn the independent living skills needed to support employment. Services are to be provided individually or in a group setting.

**3001.02 Provider Information**

The provider must be capable of providing Certified Vision Rehabilitation Therapy, which may include, but is not limited to:

- A. Assessing and evaluating the vocational needs and abilities of individuals with disabilities.
- B. Assessing the work site to determine and teach the adaptive techniques necessary for the individual to successfully perform the job.
- C. Developing individualized Certified Vision Rehabilitation Therapy plans in conjunction with the participant and the VR counselor.
- D. Teaching adaptive skills needed in the areas including, but not limited to, personal management, diabetes education and management, household management, communication, education, orientation and movement in the immediate environment.

- E. Teaching problem solving and resource utilization, including adaptive equipment and assistive devices and techniques.

**3001.03 Provider Qualifications**

Certified Vision Rehabilitation Therapy Providers must meet one of the following qualifications:

- A. Certification from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) as a Certified Vision Rehabilitation Therapist (CVRT), or
- B. Certification from the National Blindness Professional Certification Board (NBPCB) as a National Certified Rehabilitation Teacher for the Blind (NCRTB); or
- C. Individual who has completed all of the VRT curricula from an accredited college or university; is eligible for VRT certification; is working under the clinical supervision of a CVRT or NCRTB; and attains certification within one year; or
- D. Teacher of the Visually Impaired (TVI), with documentation of academic coursework or work history demonstrating ability to teach homemaking/daily living skills utilizing compensatory techniques; or
- E. Certified Low Vision Therapist (CLVT) with documentation of academic coursework or work history demonstrating ability to teach homemaking/daily living skills utilizing compensatory techniques; or
- F. Occupational Therapist (OTR/L) or Occupational Therapist Assistant (COTA/L) with documentation of academic coursework or work history demonstrating ability to work with persons who are blind or severely visually impaired; or
- G. An individual who has met all the requirements for certification in a NCRTB program working under the clinical supervision of a CVRT or NCRTB and attains certification within one year.

**Note: Qualifying Documentation - Providers will submit documentation to determine if they meet the standards for potential suppliers.**

**The PRS is responsible for determining whether providers meet qualifications.**

## **3001.04 General and Specific Standards**

### **A. Timeliness**

The VR counselor must receive a completed report within ten (10) working days of termination or completion of training.

### **B. General Requirements**

Mobility - Consideration should be given to the participant's needs. In determining an appropriate location for providing services. Available materials will be submitted by prospective providers of evaluative instruments with which they are competent and capable of administering and interpreting.

### **C. Report**

At the end of each month, the Provider will provide the Vocational Rehabilitation Counselor with a summary of the following:

- Skills that were taught this month.
- Participant initiative, motivation and progress toward learning those skills.
- Training concerns that need to be addressed
- Topics to be covered the following month if additional training is required

It is the provider's responsibility to ensure that the information in the report is easily discernible and accessible to the users, and is staffed with the VR counselor and the participant. Reports must be signed by the provider.

### **Identifying Information**

- Participant Name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report
- Disability(s)

## Other Pertinent Information

- Personal Care Activities - Medications, Diabetes Education and Management, bathing, dressing, grooming, toileting, reading skills, transportation.
- Housekeeping Duties -Sweeping, mopping, vacuuming, changing linen, clean kitchen, clean bathroom, yard work, home maintenance, repairs.
- Meal Preparation - Plan menu, shopping list, shop, prepare, and serve food, clean area.
- Child Care Finances/Budget - Bank services, pay bills, shop, daily expenses, make change, handle cash transactions.
- Clothing Care - Sort, wash, dry, mend, and iron clothes, select appropriate clothing for activities.
- Communication – Use telephone, voice mail, and keyboard, Braille, large print and/or other methodology to communicate effectively, read, and write a variety of documents in. E.g. (list's, notes, letters, prescriptions, maintain a calendar)
- Transportation -Work, shopping, other activities.

## Recommendations

There are three elements which must be addressed:

**1. Employability:** The Certified Vision Rehabilitation Therapy Provider and the VR staff must assess the participant's basic ability to work.

Considerations:

- What is the person's current ability to function in the home and the work environment considering all areas listed above?
- What level of competency must the individual achieve in order to be successful in the selected employment goal?

**2. Related Factors:**

- Can the participant live independently?  
This involves housing, transportation, financial and family issues.

**3. Interventions:**

- A service, product or activity needs to support the participant's employment goal. This should be documented based on the participant's need and/or address the participant's functional limitations.

**D. Fee**

Certified Vision Rehabilitation Therapy Standard Assessment: \$105.00 hourly

Certified Vision Rehabilitation Therapy Complex Evaluation: \$105.00 hourly

Certified Vision Rehabilitation Therapy Individualized Training; \$105.00 hourly

**Evaluations**

Max 5 hours for standard evaluation

Max 6 – 10 hours for complex evaluation

**Training**

Max 30 hours for standard training

Max 50 hours for complex training

**ASSISTIVE SERVICES**

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Certified Vision Rehabilitation Therapy (Standard & Complex Assessment)	00490	\$105.00	Hour	<60 miles one way to deliver service
Certified Vision Rehabilitation Therapy (Standard & Complex Assessment) Out of Service Area	00490-OSA	\$125.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> Vision Rehabilitation Therapy is a service provided when specialized instruction, devices and techniques are necessary to prepare a person who is blind or visually impaired to pursue a vocational goal and learn the independent living skills needed to support employment. If it is determined during the standard assessment period that the service should be at a complex assessment level; the VR counselor must authorize the service at the complex assessment level. Case note must reflect justification for moving from standard to complex assessment.</p> <p style="text-align: center;"><b>NOTE: Compensation for services will be as follows:</b>            Standard Evaluation - Max 5 hours  <u>OR</u>            Complex Evaluation - Max 6 - 10 hours</p> <p style="text-align: center;"><b>All associated costs included in service rate</b></p> <p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement, client signature and number of hours required to provide instruction</b></p> <p style="text-align: center;"><b>Provider Guidelines Manual Reference#: 3001.00</b></p>				

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Certified Vision Rehabilitation Therapy (Individual Training) In Service Area	00492	\$105.00	Hour	<60 miles one way to deliver service
Certified Vision Rehabilitation Therapy (Individual Training) Out of Service Area	00492-OSA	\$125.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> Vision Rehabilitation Therapy is a service provided when specialized instruction, devices and techniques are necessary to prepare a person who is blind or visually impaired to pursue a vocational goal and learn the independent living skills needed to support employment.</p> <p style="text-align: center;"><b>NOTE: Compensation for services will be as follows:</b>  Standard Training - Max 30 hours  OR  Complex Training - Max 50 hours</p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement, client signature and number of hours required to provide instruction</b>				
<b>Provider Guidelines Manual Reference#: 3001.00</b>				

**3002.00 COMPREHENSIVE LOW VISION EVALUATION WITH FOLLOW-UP CARE – Provider Guidelines**  
(CSPM 608.1.03)

**3002.01 Description of Service**

Comprehensive Low Vision Evaluation with Follow-Up Care is a complete functional visual evaluation, clinical examination, and prescription of visual aids by an ophthalmologist or optometrist, trained in the use of optical and non-optical devices by a low vision therapist. It includes follow-up visits with the doctor and low vision therapist to make certain that the prescribed devices are appropriate and also individual and family counseling.

**3002.02 Details of Service**

A comprehensive low vision evaluation with follow-up care identifies visual aids that will make it possible for a visually impaired person to do specific tasks.

The process defines a participant's:

- need for assistive technology.
- reasonable accommodations
- further need for services

**3002.03 Provider Qualification**

Comprehensive low vision evaluation with follow-up care providers must meet the following qualifications:

For the examination and prescription of aids, the provider must fall into one of the below categories:

- A. Ophthalmologist (MD) – registered or licensed according to state regulations and board certified.
- B. Optometrist – registered or licensed according to state regulations.

For services such as individual and family counseling, training in the use of low vision aids, etc., the following provider can be used:

- A. Vision Rehabilitation Therapist – Possession of a valid certification from Academy for Certification of Vision Rehabilitation and Educational Professionals (ACVREP) in Vision Rehabilitation Therapy, a bachelor's degree and documented education/training in sixteen (16) core domain areas.

- B. Counselor/Social Worker – Possession of a valid state license in social work; or membership in the Academy of Certified Social Workers of the National Association of Social Workers; graduation from an accredited college or university with a degree in social work; possession of a valid certificate in rehabilitation counseling from the Commission on Rehabilitation Counselor certification; graduation from an accredited college or university with a degree in rehabilitation counseling or psychology; possession of a valid state license or certificate in psychology.
- C. Low Vision Therapist – A certification from ACVREP or evidence that certification is in process.
- D. Employees, Consultants and Volunteers – Must have at least one year of experience and possess specific education, training and experience in low vision services appropriate to their assignments.

**Note: Qualifying Documentation - Providers will submit documentation to determine if they meet the standards for potential providers.**

**The PRS is responsible for determining whether providers meet qualifications.**

#### **3002.04 Process for Outsourcing**

It is GVRA staff's responsibility to determine when Comprehensive Low Vision Evaluations with follow-up care should be authorized.

These services may include but are not limited to:

A. Clinical evaluation provided by an optometrist or ophthalmologist as specified in NAC Standards (Section D-9, P. 219) which may include the following:

- History
- Lensometry
- Determination of visual acuity at near, intermediate and far distance
- Confirmation of refractive error
- Assessment of ocular mobility and binocularity
- Tests of contrast sensitivity function
- Determination of magnification needs.
- Tests of color and glare sensitivity
- Confirmation of diagnosis

Individualized training in the use of optical devices, including activities that increase the individual's ability to focus, localize, track, scan, and to determine focal distance of recommended optical devices.

B. Individual plan of assessment based on medical background, psychological, and work history information and joint determination between the individual, low vision clinical staff and vocational rehabilitation counselor relating to needs, priorities, and specific goals.

C. Individual and family counseling to address adjustment to vision loss and appropriate resources.

### **3002.05 General and Specific Standards**

#### **A. Timeliness**

A completed comprehensive low vision evaluation with follow-up care report must be received by GVRA counselor within ten (10) working days of completion of the evaluation. A proposal for time frames and frequency of exams/instruction should be included in the report and should be agreed to before the purchase of further services.

Length of time and number of sessions are determined by the individual's interests, visual capacities, and the number and types of devices recommended for trial.

#### **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by GVRA/VR.

#### **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VR participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

#### **D. General Requirements**

**Mobility** – Consideration should be given to the participant's needs in determining an appropriate location for providing services. Professionals shall behave in a moral and ethical manner in the conduct of their professional roles.

**Training/Service Materials** - Providers will submit a list of training/service materials that will be used in providing this service.

**Sample Product** - Providers will submit sample(s) of assessment reports, training reports, and action plans used to determine if participant needs are being met.

## **E. Report Components**

It is the provider's responsibility to ensure that the information in the report is easily discernible to the users and is shared with the VR Counselor prior to meeting with the participant.

### **Identifying Information**

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report
- Disability(s) Primary, Secondary and Onset of Functional Limitations

**Evaluation Results, Suggested Service or Accommodations** - A completed report outlining the following areas:

- Results of clinical examination including confirmation of diagnosis and visual acuity
- Determination of magnification needs.
- Recommendations for appropriate optical devices and equipment
- Doctor and staff observations
- Recommendations for referral for additional services, as appropriate
- Training provided as part of the evaluation.
- Current functional abilities and emotional adjustment
- Counseling with individuals who have recent diminished or loss of sight.

## **F. Fee**

Fee for outsourcing Comprehensive Low Vision Evaluation with follow-up care does not include low vision aids/equipment. Compensation for service is not to

exceed \$1,100.00 per participant.

### ASSISTIVE SERVICES

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Comprehensive Low Vision Evaluation with Follow Up Care In Service Area</b>	<b>00022</b>	<b>\$1,100.00</b>	<b>Client</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Comprehensive Low Vision Evaluation with Follow Up Care Out of Service Area</b>	<b>00022-OSA</b>	<b>\$1,650.00</b>	<b>Client</b>	<b>&gt;61 miles one way to deliver service</b>
<p><b>Definition of Service:</b> Comprehensive Low Vision Evaluation includes follow-up care which is a complete functional visual evaluation, clinical examination, and prescription of visual aids by an ophthalmologist or optometrist, trained in the use of optical and non-optical devices by a low vision therapist.</p> <p style="text-align: center;">One time maximum fee per client to include follow-up and no additional payments.</p> <p style="text-align: center;"><b>NOTE: Fee for outsourcing Comprehensive Low Vision Evaluation does not include low vision aids/equipment. Compensation for service NTE \$1100/\$1650 per participant.</b></p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours and client signature</b>				
<b>Provider Guidelines Manual Reference#: 3002.00</b>				

**3003.00 ORIENTATION AND MOBILITY – VISUAL IMPAIRMENTS – Provider Guidelines (CSPM 476.0.00)**

**3003.01 Description of Service**

Orientation and Mobility (O&M) training prepares any person with a visual impairment to move safely and independently in a variety of environments to enable the individual to meet their vocational goals. Training includes both instruction and practical experiences.

**3003.02 Provider Information**

Orientation and Mobility Services are indicated if:

- Persons with functional limitations may have a number of factors that could affect their learning:
- Life patterns that are altered and interrupted by the onset of a disability, decreasing or fluctuating vision, mobility.
- Concomitant health problems
- a reluctance to leave or alter a familiar environment
- a questionable sense of self-worth
- “normal” decrease in tactual, auditory and olfactory abilities.
- rigidity in lifestyle
- changes in social and/or economic status
- the need to cope with their own and others’ stereotyped views of disability
- list end

O&M services may include, but are not limited to:

A. A functional assessment of the individuals functioning level and orientation and mobility skills to identify services needed to allow individual to reach his O&M goals.

B. Developing individualized orientation and mobility instruction plans in conjunction with the participant and VR staff.

C. Teaching orientation and mobility skills, which include but are not limited to the following:

- Techniques of travel utilizing a white cane, service animal, electronic travel aid, or optical device.

#### D. Orientation and mobility techniques/environments

- Basic skills
- Indoor cane skills
- Small business travel
- Downtown travel
- Rural travel
- Public transportation
- Mall travel
- Adverse weather conditions
- Night travel
- City travel
- E. Orientation and mobility skills/knowledge
- Use of remaining senses
- Use of aided and unaided residual vision
- Organization of spatial relations
- Solicitation of information
- Interaction with the public
- Problem solving strategies.
- Conceptual understanding of self and environment
- Appropriate movement behavior including posture and gait.

### **3003.03 Provider Qualifications**

Orientation and Mobility service providers must meet the following requirements:

- A. Certification from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) as a Certified Orientation and Mobility Specialist (COMS); or
- B. Certification from the National Blindness Professional Certification Board (NBPCB) as a National Orientation and Mobility Certification (NOMC); or
- C. Individual who has completed all O&M curricula from an accredited college or university; is eligible for O&M certification; is working under the clinical supervision of a COMS or NOMC; and applies for certification within six months from approval as a provider and attains certification within one year; or
- D. An individual who has met all the requirements for certification in a NOMC program working under the clinical supervision of a COMS or NOMC and attains certification within one year.

**Note: Qualifying Documentation - Providers will submit documentation to determine if they meet the standards for potential suppliers.  
The PRS is responsible for determining if providers meet qualifications.**

### **3003.04 General and Specific Standards**

#### **A. Timeliness**

Provider must notify counselor within five (5) business days from receipt of referral whether they will accept referral. Provider will give counselor an approximate begin date of services. A proposal for time frames and frequency of instruction and progress reports must be agreed to before the purchase of services.

A final report must be received by VR staff within ten (10) days of completion of services.

#### **B. General Requirements**

**Mobility** - Consideration should be given to the participant's needs in determining an appropriate location for providing instruction.

#### **C. Report**

At the end of each month, the Provider will provide the Vocational Rehabilitation Counselor with a summary of the following:

- Skills that were taught this month.
- Participant initiative, motivation and progress toward learning those skills.
- Training concerns that need to be addressed.
- Topics to be covered the following month if additional training is required.

It is the provider's responsibility to ensure that the information in the report is easily discernible and accessible to the users, and is shared with VR and the participant. Reports must be signed by the provider.

#### **Identifying Information**

- Participant name
- Date of Birth
- Address

- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report
- Disability(s)

**Interventions:**

Based on a person’s goals and skills, the employment setting, and the supports needed, assistive technology is provided within the context of reasonable accommodations.

**Evaluation Results:**

This section should include participant’s previous mobility training, if any, and beginning and current skills level. In addition, this section will include the results of the evaluation. Visual functioning, orientation skills, cane skills, service animal.

**Achievement Level:**

Based on the individual’s employment objectives, the participant should receive only those services, which help him/her, achieve the desired outcomes.

**Summary/Recommendations:**

Summary of the participant’s current skills level as it relates to their vocational goal and any need for further training. Timelines will also be addressed in this section i.e., estimated length of training.

**D. Fee**

Certified Orientation and Mobility individual training: \$105.00 hourly

**Evaluations**

Max 5 hours for standard evaluation

Max 6 – 10 hours for complex evaluation

**Training**

Average 60 hours for standard training

Average 100 hours for complex training

## ASSISTIVE SERVICES

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Orientation &amp; Mobility (Standard &amp; Complex Evaluation)</b>	<b>00486</b>	<b>\$105.00</b>	<b>Hour</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Orientation &amp; Mobility (Standard &amp; Complex Evaluation) Out of Service Area</b>	<b>00486-OSA</b>	<b>\$125.00</b>	<b>Hour</b>	<b>&gt;61 miles one way to deliver service</b>
<p><b>Definition of Service:</b> Orientation and Mobility (O&amp;M) training prepares any person with a visual impairment to move safely and independently in a variety of environments to enable the individual to meet their vocational goals. If it is determined during the standard evaluation period that the service should be at a complex level; the VR counselor must authorize the service at the complex evaluation level. Case note must reflect justification for moving from standard to complex level.</p> <p style="text-align: center;"><b>NOTE: Compensation for services will be as follows:</b>  <b>Standard Evaluation - Max 5 hours</b>  <u>OR</u>  <b>Complex Evaluation - Max 6 - 10 hours</b></p> <p style="text-align: center;"><b>All associated costs included in service rate</b></p> <p style="text-align: center;"><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours and client signature</b></p> <p style="text-align: center;"><b>Provider Guidelines Manual Reference#: 3003.00</b></p>				

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Orientation &amp; Mobility (Individualized Training) In Service Area</b>	<b>00488</b>	<b>\$105.00</b>	<b>Hour</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Orientation &amp; Mobility (Individualized Training) Out of Service Area</b>	<b>00488-OSA</b>	<b>\$125.00</b>	<b>Hour</b>	<b>&gt;61 miles one way to deliver service</b>
<p><b>Definition of Service:</b> Orientation and Mobility (O&amp;M) training prepares any person with a visual impairment to move safely and independently in a variety of environments to enable the individual to meet their vocational goals.</p> <p style="text-align: center;"><b>NOTE: Compensation for services will be as follows:</b>  <b>Standard Training - Average 60 hours</b>  <u>OR</u>  <b>Complex Training - Average 100 hours</b></p> <p style="text-align: center;"><b>All associated costs included in service rate</b></p> <p style="text-align: center;"><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours and client signature</b></p> <p style="text-align: center;"><b>Provider Guidelines Manual Reference#: 3003.00</b></p>				

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Pre-Employment Transition Services (Pre-ETS)</b>				
Pre-ETS WR Certified O&M Services	Pre-3503	\$105.00	Hour	<60 miles one way to deliver service
Pre-ETS WR Certified O&M Individual Services (Individualized Training) Out of Service Area	Pre-3503OS	\$125.00	Hour	>61 miles one way to deliver service
Pre-ETS WBL Certified O&M Services	Pre-3359	\$105.00	Hour	<60 miles one way to deliver service
Pre-ETS WBL Certified O&M Individual Services (Individualized Training) Out of Service Area	Pre-3359OS	\$125.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> Orientation and Mobility (O&amp;M) training prepares any person with a visual impairment to move safely and independently in a variety of environments to enable the student to participate in Pre-ETS.</p> <p style="text-align: center;"><b>NOTE: Compensation for services will be as follows:</b>  Standard Training - Average 60 hours  <u>OR</u>  Complex Training - Average 100 hours</p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours and client signature</b>				
<b>Provider Guidelines Manual Reference#: 4007.00</b>				

## **3004.00 Technology Access Training – Provider Guidelines**

### **3004.01 Description of Service**

Technology Access Training (TAT) refers to an individualized, time-limited course of study by a qualified instructor in the specific skill area. TAT can also be a brief intervention to assist a person to overcome a barrier with their technology. TAT can be provided in a formal classroom, in the home, online or by telephone. A certification or diploma is not required at the end of training. TAT is an adjustment service where a person learns how to use the technology needed to live independently, participate fully in an academic program and/or enable them to go to work. In most instances, this training will be needed prior to employment skills training or post-secondary training.

Examples of technology access training include, but are not limited to, Screen Readers, Screen Magnification, Augmentative Communication, Note takers, and OCR (Optical Character Recognition) devices, programs and/or apps.

In order to effectively teach the use of some devices and programs, it may be necessary to teach some basic entry-level skills of other software programs. Some examples include Word Processing, Spreadsheets, E-mail, and Web-Browser. TAT is not typically taught at the college, university or technical school level. Services are to be provided individually or in a group setting.

### **3004.02 Provider Information**

TAT requires an initial written evaluation of the individual training needs related to the goals set by the individual and their counselor. For training involving more than a brief intervention, a formal curriculum will be developed for each module referencing total instruction time and listing materials, tools, equipment, objectives, performance expectations and responsibilities.

Each instruction module will include:

Length of time Sequence of topics or areas to be covered.

Materials, equipment and tools required.

Minimum requirements to participate Training objectives.

Performance standards to measure progress Methods of instruction.

Requirements for course completion or extension

Job related work behaviors that will be addressed in the course.

### **3004.03 Provider Qualifications**

TAT providers are required to meet the following qualifications:

- A. Certification from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) as a Certified Assistive Technology Instructional Specialist (CATIS) with extensive hands-on knowledge of technology being taught; or
- B. Certification from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) as a Certified Vision Rehabilitation Therapist (CVRT) with extensive hands-on knowledge of technology being taught; or
- C. Certification from the National Blindness Professional Certification Board (NBPCB) with a National Certification in Access Technology for the Blind.; or
- D. Individual who has completed all of the blind rehabilitation curricula in a specific discipline (O&M, VRT, etc.) from an accredited college or university; is eligible for professional certification; is working under the clinical supervision of a CATIS, CVRT, COMS, NOMC or NCRTB; and applies for certification within six months from approval as a provider and attains certification within one year; with extensive hands on knowledge of technology being taught; or
- E. Specialist in Augmentative/Alternative Communication (AAC), which may include a Licensed or Certified Speech and Language pathologist, who is qualified to train on the use of the specific augmentative/alternative communication device selected; or
- F. Teacher of the Visually Impaired (TVI); or Certified Orientation and Mobility Specialist (COMS); or Certified Low Vision Therapist (CLVT); or Occupational Therapist (OTR/L or COTA/L); or National Orientation and Mobility Certification (NOMC); or National Certified Rehabilitation Teacher for the Blind (NCRTB); with documentation of academic coursework or work history demonstrating ability to teach the technology being taught; or
- G. Certification from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) as a Certified Assistive Technology Professional (ATP) with extensive hands-on knowledge of technology being taught; or
- H. An individual who has met all the requirements for certification, working under the clinical supervision of a (A thru, and including, F); who has extensive hands-on knowledge of technology being taught, and attains certification within one year.

Demonstration of competence can be accomplished by providing documentation by a recognized training program, along with documentation of Continuing Education Units (CEU's) awarded or date/s of completed certification/s or dates of other recognized accreditation completion units. E.g., World Services for the Blind

Assistive Technology Instructor (ATI) program. Workshops, webinars and sessions, such as, those offered by CSUN (California State University, Northridge), AER (Association for Education and Rehabilitation of the Blind and Visually Impaired) and ATIA (Assistive Technology Industry Association) and are approved for ACVREP (Academy for Certification of Vision Rehabilitation and Education Professionals) credit, or successful completion of AT (Assistive Technology) courses offered by University of Massachusetts Boston and Northern Illinois University or other ACVREP universities offering AT courses.

**Note: Qualifying Documentation -Providers will submit documentation to determine if they meet the standards for potential suppliers.**

**The PRS and Assistive Work Technologist are responsible for determining if providers meet qualifications.**

#### **3004.04 General and Specific Standards**

##### **A. Timeliness**

A completed report must be received by VR staff within ten (10) working days of termination or completion of training. Report(s) will be required to show progressive development.

##### **B. General Requirements**

Mobility – Consideration should be given to the participant's needs in determining an appropriate location.

##### **C. Report**

At the end of each month, the Provider will provide the Vocational Rehabilitation Counselor with a summary of the following:

- Skills that were taught this month.
- Participant initiative, motivation and progress toward learning those skills.
- Training concerns that need to be addressed.

- Topics to be covered the following month if additional training is required.

It is the provider's responsibility to ensure that the information in the report is easily discernible and accessible to the users, and is staffed with VR and the participant. Reports must be signed by the provider.

### **Identifying Information**

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report Disability(s)

### **D. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation Agency.

### **E. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

### **Interventions:**

Based on a person's goals and skills, the employment setting, and the supports needed, assistive technology is provided within the context of reasonable accommodations.

### **Achievement Level:**

Based on the individual's employment objectives the person should receive only those services, which achieve the desired outcomes.

**F. Fee**

Individual hourly rate: \$105.00

**Standard**

Maximum 60 hours Keyboarding  
 Maximum 100 hours software training

**Complex**

Maximum 90 hours Keyboarding  
 Maximum 150 hours software training

**ASSISTIVE SERVICES**

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Technology Access Training (Standard & Complex Evaluation)	00494	\$105.00	Hour	<60 miles one way to deliver service
Technology Access Training (Standard & Complex Evaluation) Out of Service Area	00494-OSA	\$125.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> Technology Access Training (TAT) refers to an individualized, time-limited course of study by a qualified instructor in the specific skill area. TAT can also be a brief intervention to assist a person to overcome a barrier with their technology. If it is determined during the standard assessment period that the service should be at a complex assessment level; the VR counselor must authorize the service at the complex assessment level. Case note must reflect justification for moving from standard to complex assessment.</p> <p><b>NOTE: Compensation for services will be as follows:</b>                      Standard Training - Max 60 hours keyboarding &amp; Max 100 hours software training                      OR                      Complex Training - Max 90 hours of keyboarding &amp; Max 150 software training</p>				
<p><b>All associated costs included in service rate</b></p>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours and client signature</b></p>				
<p><b>Provider Guidelines Manual Reference#: 3004.00</b></p>				

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Technology Access Training (Individualized Training) In Service Area	00496	\$105.00	Hour	<60 miles one way to deliver service
Technology Access Training (Individualized Training) Out of Service Area	00496-OSA	\$125.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> Technology Access Training (TAT) refers to an individualized, time-limited course of study by a qualified instructor in the specific skill area. TAT can also be a brief intervention to assist a person to overcome a barrier with their technology.</p> <p><b>NOTE: Compensation for services will be as follows:</b>  <b>Standard Training - Max 60 hours keyboarding &amp; Max 100 hours software training</b>  <b>OR</b>  <b>Complex Training - Max 90 hours of keyboarding &amp; Max 150 software training</b></p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours and client signature</b>				
<b>Provider Guidelines Manual Reference#: 3004.00</b>				

**3005.00 ADJUSTMENT COUNSELING TO BLINDNESS – Provider Guidelines**

**3005.01 Description of Service**

Adjustment Counseling to Blindness is a service to assist a person to re-adjust to life after experiencing significant vision loss. It should be considered when traditional VR counseling, Certified Vision Rehabilitation Therapy or Orientation and Mobility are not sufficient to overcome the losses experienced by the individual due to vision loss. This service may be used to develop or re-establish personal and social behaviors designed to enhance an individual's employability. Services can be provided individually or in small groups.

**3005.02 Provider Information**

Adjustment counseling services may include but are not limited to the following:

- Health and Medicine Management (diabetes education)
- Interpersonal Skill Development
- Methods of Appropriate Communication
- Sexual Awareness and Appropriateness
- Community Living Adjustment
- Decision Making/Problem Solving
- Understanding of Self and Abilities
- Identifying, planning and providing the supports needed to achieve and maintain employment.

Adjustment Counseling services provide a comprehensive plan utilizing counseling techniques and activities in small groups or individually and may address:

- Personal attitudes, biases and social skills
- Educating friends and family
- Disclosure
- Decision making in daily life activities.
- Work attitudes and skills exploration
- Exercising informed choice
- Community field trips
- Problem solving and resource utilization, including adaptive equipment
- Knowledge about the rights and responsibilities associated with employment

### **3005.03 Provider Qualifications**

- A. Certification from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) as a Certified Vision Rehabilitation Therapist (CVRT); or
- B. Certification from Commission on Rehabilitation Counselor Certification (CRCC) as a Certified Rehabilitation Counselor (CRC) and specialized training in the area of blindness; or
- C. Licensed Professional Counselor (LPC) with specialized training in blindness; or
- D. Coursework in a health-related field from an accredited institution of higher learning, with extensive knowledge of the subject being taught (e.g., diabetes group counseling and/or diabetes individual counseling for the visually impaired.), with clinical supervision from a professional credentialed as in the qualifications - A, B, or C above.

### **3005.04 General and Specific Standards**

#### **A. Timeliness**

Provider must notify counselor within five (5) business days from receipt of referral whether they will accept referral. Provider will give counselor an approximate begin date of services. A proposal for time frames and frequency of instruction and progress reports should be included in the report, and should be agreed to before the purchase of services. PAC-B time frames are individualized, and monthly progress reports will be required to show progressive development.

A final report must be received by VR staff within ten (10) business days of completion of services.

#### **B. General Requirements**

**Mobility** - Consideration should be given to the participant's needs in Determining an appropriate location for providing services.

**Training/Service Materials** -Providers will submit a list of training/service materials that will be used in providing this service.

**Sample Product** -Providers will submit sample(s) of training reports and action plans.

### **C. Report**

It is the provider's responsibility to ensure that the information in the report is easily discernible to the users and is staffed with VR staff prior to meeting with the participant. All reports must be signed by the provider.

#### **Identifying Information**

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report
- Disability(s)

#### **Interventions:**

Initial and ongoing assessment of the individual's progress towards adjustment to their vision loss. Areas identified that the person needs to address, and strategies being used to overcome those remaining functional barriers to healthy living and employment.

#### **Achievement Level:**

Based on the individual's employment objectives, the participant should receive only those services, which help him/her, achieve the desired outcomes.

#### **Note: Qualifying Documentation:**

Providers will submit documentation to determine if they meet the standards for potential suppliers.

The Provider Relations Specialist is responsible for determining whether providers meet qualifications.

### **D. Fee**

\$65.00 hourly - Individual Counseling

Maximum 6 months for this service.

Max 24 hours – Recommend one hour per session once per week.

## ASSISTIVE SERVICES

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Adjustment Counseling to Blindness (Individualized Training) In Service Area</b>	<b>00174</b>	<b>\$65.00</b>	<b>Hour</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Adjustment Counseling to Blindness (Individualized Training) Out of Service Area</b>	<b>00174-OSA</b>	<b>\$97.50</b>	<b>Hour</b>	<b>&gt;61 miles one way to deliver service</b>
<p><b>Definition of Service:</b> Adjustment Counseling to Blindness is a service to assist a person to re-adjust to life after experiencing significant vision loss. It should be considered when traditional VR counseling, Vision Rehabilitation Therapy or Orientation and Mobility are not sufficient to overcome the losses experienced by the individual due to vision loss.</p> <p style="text-align: center;"><b>NOTE: Compensation for services will be as follows:</b>  <b>Max 6 months for this service.</b>  <b>Max 24 hours – Recommend one hour per unit once per week.</b></p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours and client signature</b>				
<b>Provider Guidelines Manual Reference#: 3005.00</b>				

**3006.00 RESIDENCE MODIFICATION – Provider Guidelines  
(CSPM 486.0.00)**

**3006.01 Description of Service**

Residence modifications are changes to a Vocational Rehabilitation (VR) participant’s residence for the purpose of providing for accessibility to pursue and maintain employment. A residential modification provides the minimum modifications necessary for the VR participant to participate in an Individual Plan for Employment to achieve their competitive integrated employment goal.

**3006.02 Provider Information**

A VR Assistive Work Technology Engineer will evaluate the home for accessibility needs of the participant, which are justified by participant eligibility and vocational needs to reach their competitive integrated employment goals.

From the evaluation, bid specifications and CADD drawings will be developed so that a Request for Offer (RFO) document can be developed and issued by the GVRA Procurement Office.

Prospective bidders will be required to make an on-site inspection of the home prior to submitting a bid offer for any GVRA/VR Residential Modification project.

To be considered, all responding Contractors will be required to satisfy all GVRA Procurement contractor qualification requirements and to adhere to and satisfy all GVRA contractor bid requirements.

Terms and conditions will be outlined in the individual bid offer solicitation issued by GVRA Procurement and will generally include but not be limited to:

- Requirement for Contractors to bid on a project in its entirety
- Permit subcontracting for trades or equipment, as necessary; however, the bidder will be considered the General Contractor for the entire project and held fully responsible for meeting all project requirements
- Obtain Landlord//Owner/Property Manager Approval for modifications.
- Bid awarded based on GVRA Procurement Policies and Practices for selection.

- Changes made to the project scope without approval by VR will be considered invalid and not paid by VR.
- Selected contractor must be able to initiate a project within 30 days from date of award by GVRA Procurement and completed within 60 days.

### **3006.03 Provider Qualifications**

For projects funded in part or in whole by Georgia Vocational Rehabilitation Agency (GVRA/VR), the Contractor must be a GVRA/VR eligible Provider as determined by the GVRA Procurement Office.

All Providers and subcontractors engaging in this project will be expected to execute good professional judgment in all work performed and abstain from having improper personnel engage in the work, poor or careless workmanship or safeguards, or using inferior products.

Potential Contractors and their subcontractors must have all applicable licenses and must meet all building codes as required by the local, county and State regulations. All work is to be completed by an individual with proper skills for the task (e.g., finished carpentry to be done by a finished carpenter, plumbing to be done by a licensed plumber).

### **3006.04 Process for Outsourcing**

The Vocational Rehabilitation Counselor is responsible for determining when residential modifications should be purchased, based upon participant eligibility, qualifying vocational applicability, and a validating report from the Assistive Work Technology Engineer.

The residential modification(s) must be approved before the services begin and inspected at the completion of services by the Assistive Work Technology Engineer.

### **3006.05 General and Specific Standards**

#### **A. Timeliness**

The VR Assistive Work Technology Engineer is responsible for monitoring all contractor work and reporting to counselor, participant and appropriate GVRA Procurement Office staff when contractor is unable to meet project timeline.

#### **B. Liability Insurance**

Provider must be licensed, bonded and insured for the area in which the work is commencing. Providers must present evidence of a minimum of \$1,000,000 general liability and workers compensation insurance.

### **C. Payment Schedule**

After selection of Contractor, a formal contract will follow to include details of work to be performed along with a project and payment schedule.

**NOTE: 35 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards** apply to all contractor selections for this type of work and will result in additional compliance requirements before any selection can be finalized, including but not limited to prior approval from the GVRA Chief Financial Officer.

## **3007.00 DRIVER EVALUATION – Provider Guidelines**

### **3007.01 Description of Service**

A Driver Evaluation can be performed only by a Certified Driver Rehabilitation Specialist (CDRS) who either is an Occupational Therapist (OT) or is assisted by an OT.

The Driver Evaluation is to determine if an individual can drive an adapted vehicle and to determine the type of adapted driving equipment necessary to drive safely.

The therapist's evaluation shall include a clinical screening of the individual's vision, cognition, reaction time and physical range of motion of their extremities.

The therapist shall evaluate the participant's ability to transfer into the driver seat and determine if specialized seating is required. If the participant demonstrates the ability to independently load his or her mobility device into an automobile, the CDRS shall evaluate the participant for hand controls and secondary adaptive driving equipment. For said participant, other vehicle conversion adaptations, including but not limited to lowered floor conversions, can only be considered in consultation with the Assistive Work Technology (AWT) Rehabilitation Engineer.

The Driver Evaluation Report shall report on the above and include a prescription for the adapted driving equipment necessary to drive safely. A prescription from the individual's attending physician is required to authorize a Driver Evaluation.

### **3007.02 Provider Information**

The Provider is required to provide services on an individualized basis as appropriate for the specific needs of the individual.

A Driver Evaluation for individuals whose vehicles will be equipped with hand-controls or hi-tech driving systems must be evaluated in a vehicle with the adapted equipment that is being prescribed for the individual.

### **3007.03 Provider Qualifications**

- A. For individuals who require an evaluation in a modified vehicle with hand-controls, the Driver Evaluator must have a Certification as a Driver Rehabilitation Specialist (CDRS) as awarded by the Association of Driver Rehabilitation Specialists (ADED) and either be an Occupational Therapist (OT) or be assisted by an OT during the evaluation.
- B. For individuals who require an evaluation in a modified vehicle with hi-tech driving systems, the Drive Evaluator must have a Certification as a Driver Rehabilitation Specialist (CDRS) as awarded by the Association of Driver Rehabilitation Specialists (ADED) and a minimum of five (5) years'

experience with evaluation and training with hi-tech driving systems. The CDRS must be either an OT or assisted by an OT during the evaluation.

**Note: Qualifying Documentation - Providers will submit requested documentation to determine if they meet the standards for potential suppliers.**

**The PRS, in cooperation with the Assistive Work Technology Engineer, is responsible for determining if providers meet qualifications.**

**3007.04 Process for Outsourcing**

The Vocational Rehabilitation Counselor (VRC) is responsible for determining when a Driver Evaluation should be purchased, based upon a recommendation from the Assistive Work Technology Engineer.

**3007.05 General and Specific Standards**

**A. Timeliness**

The Provider must notify the VRC within five (5) business days regarding whether or not they will accept the participant referral. Typical driver evaluations take 4 hours or less. For some participants, it could take up to 20 hours.

**B. Liability**

A Certified Driver Rehabilitation Specialist must provide proof of \$2,000,000 professional liability insurance.

**C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

**D. Report**

A written report will be required describing the evaluation process, the adapted equipment recommended and results of the evaluation.

### E. Fee

The length of time needed to complete the services will be determined and attached to the authorization for services.

Up to 4 hours.

## ASSISTIVE SERVICES

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Driver Evaluation In Service Area	05850	\$85.00	Hour	<60 miles one way to deliver service
Driver Evaluation Out of Service Area	05850-OSA	\$100.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> An evaluation to determine if an individual can drive an adapted vehicle and to determine the type of adapted driving equipment necessary to drive safely.</p> <p><b>NOTE: The length of time needed to complete the services will be determined, NTE 4 hours.</b></p> <p><b>All associated costs included in service rate</b></p> <p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours required to complete evaluation and client signature</b></p> <p><b>Provider Guidelines Manual Reference#: 3007.00</b></p>				

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Driver Evaluation (Standard) In Service Area	97535	\$170.00	Hour	<60 miles one way to deliver service
Driver Evaluation (Standard) Out of Service Area	97535-OSA	\$250.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> An evaluation to determine if an individual can drive an adapted vehicle and to determine the type of adapted driving equipment necessary to drive safely. Service must be provided by Certified Driving Rehabilitation Specialist.</p> <p><b>A Standard Driver's Evaluation assumes that the client has driven before; and has cognitive and physical disabilities that are not complex.</b></p> <p><b>NOTE: The length of time needed to complete the services will be determined, NTE 4 hours.</b></p> <p><b>All associated costs included in service rate</b></p> <p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours required to complete evaluation and client signature</b></p> <p><b>Provider Guidelines Manual Reference#: 3007.00</b></p>				

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Driver Evaluation (Complex) In Service Area	97535	\$170.00	Hour	<60 miles one way to deliver service
Driver Evaluation (Complex) Out of Service Area	97535-OSA	\$250.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> An evaluation to determine if an individual can drive an adapted vehicle and to determine the type of adapted driving equipment necessary to drive safely. Service must be provided by Certified Driving Rehabilitation Specialist.</p> <p><b>A Complex Driver's Evaluation assumes that the client has driven before; and has cognitive and physical disabilities that are complex.</b></p> <p><b>NOTE: The length of time needed to complete the services will be determined, NTE 4 hours.</b></p>				
<b>All associated costs included in service rate</b>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours required to complete evaluation and client signature</b></p>				
<b>Provider Guidelines Manual Reference#: 3007.00</b>				

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Driver Evaluation (Assistive Technology Assessment) In Service Area	97755	\$170.00	Hour	<60 miles one way to deliver service
Driver Evaluation (Assistive Technology Assessment) Out of Service Area	97755-OSA	\$200.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> Assistive Technology Assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one on one contact by provider, with written report. Service must be provided by Certified Driving Rehabilitation Specialist.</p>				
<b>All associated costs included in service rate</b>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours required to complete evaluation and client signature</b></p>				
<b>Provider Guidelines Manual Reference#: 3007.00</b>				

**3008.00 VEHICLE MODIFICATION – Provider Guidelines**  
(CSPM 498.0.00)

**3008.01 Description of Service**

Vehicle Modifications include a modification to a motorized or electric vehicle that will allow a person with a disability to operate or ride in said vehicle to obtain and maintain employment. The services may include but are not limited to:

- A. hand control installation in an automobile or van,
- B. modification so an individual using a wheelchair can ride as a passenger,
- C. modification for an individual using a wheelchair to drive in cases where the individual cannot transfer to an automobile but can transfer from a wheelchair to a power seat for driving,
- D. modification for an individual using a wheelchair who must drive from the wheelchair,
- E. training in the use of a modified vehicle,
- F. modifications to a farm or off-road vehicle to meet the needs of a participant's work goal.

Prior to authorizing a vehicle modification, the Vocational Rehabilitation Counselor (VRC) shall:

- A. refer the participant to the Assistive Work Technology (AWT) Engineer for an initial assessment to determine if driving is reasonable and required for employment.
- B. refer the participant to an approved Driver Evaluation service (as recommended by the Assistive Work Technology Engineer) to determine if the individual is capable of driving.
- C. in cooperation with the Assistive Work Technology Engineer assist the individual in completing a Financial Considerations Worksheet to determine if the cost of owning and operating a vehicle is reasonable; along with the percent of modification costs that can be paid by participant and the percent of modification costs that will be paid by VR.
- D. assure that driver's training in the modified vehicle is available;  
and
- E. determine that the vehicle modification is reasonable, appropriate, allocable and necessary for participant to reach employment goal.

**3008.02 Provider Information**

After the Vocational Rehabilitation Assistive Work Technology (AWT) Rehabilitation Engineer has reviewed the Driver Evaluation results and recommendations provided by the Certified Driver Rehabilitation Specialist, the Assistive Work Technology Rehabilitation Engineer will prepare specifications for

vehicle modification/s from the specific, fee schedule agreement reached annually with qualified providers for the annual bid items and services. The Assistive Work Technology Rehabilitation Engineer will include in the specifications package any additional modifications a participant requires that are not already a part of the yearly vendor bid process.

Upon internal approval of the modification/s, the Vocational Rehabilitation (VR) Assistive Work Technology Rehabilitation Engineer will submit specifications for the vehicle modification/s and submit the specifications package to qualified Providers. In turn, the Provider will submit a written quote for services in accordance with the specifications package. The quote shall include:

1. total cost of parts and labor
2. estimated length of time to complete the job.
3. not less than one-year written warranty from date of acceptance on parts and labor (three-year warranty is preferred) for equipment, installation and workmanship.
4. installation of all equipment in accordance with NMEDA QAP program
5. guidelines and standards
6. a written statement that no equipment shall compromise safety and
7. operation or structural integrity of modified vehicle
8. the expiration date of the response (generally 30 – 90 days)

An evaluation by the VR Assistive Work Technology staff is required prior to the specifications being offered.

The VR Assistive Work Technology Engineer inspections shall assess whether the prescribed equipment meets the proposed specifications, functions correctly, is adjusted properly and will meet the customer's needs. These inspections shall be conducted at the following times:

1. preliminary fitting of high-tech equipment
2. final completion of modification

VR's warranty requirements will be included in the specifications process. Upon final approval and authorization to perform the vehicle modification, the Provider shall adhere to the timelines provided in the offer.

### **3008.03 Provider Qualifications**

Vehicle Modification Providers shall meet the following qualifications:

- A. Quality Assurance Program (QAP) certification by National Mobility Equipment Dealers Association (NMEDA)

- B. The QAP certification must be equal to or higher than required for the equipment being installed.

**3008.04 Process for Outsourcing**

It is the Vocational Rehabilitation Counselor's (VRC) responsibility to determine when Vehicle Modification services should be purchased.

In the evaluation, a minimum of the following should be measured:

- A. The driving ability of the individual in using the adaptive equipment, as demonstrated by a Driver Evaluation performed by an approved Certified Driver Rehabilitation Specialist (CDRS).
- B. The vehicle's capability to support the needed modifications.

**3008.05 General and Specific Standards**

**A. Timeliness**

Preparation and response shall be in accordance with the requirements in the specifications package.

**B. Liability Insurance**

Providers must provide proof of liability insurance for \$1,000,000 per episode in accordance with NMEDA.

**NOTE: 35 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards** apply to all contractor selections for this type of work and will result in additional compliance requirements before any selection can be finalized, including but not limited to prior approval by GVRA Chief Financial Officer.

## VEHICLE MODIFICATON

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Vehicle Fitting In Service Area	97537	\$170.00	Hour	<60 miles one way to deliver service
Vehicle Fitting Out of Service Area	97537-OSA	\$200.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> Vehicle modifications must be checked by the driver’s training staff and the VR AWT Rehabilitation Engineering staff to confirm and ensure that vehicle modifications conform to the needs of the client in order to successfully complete the driver’s training.</p>				
<p><b>All associated costs included in service rate</b></p>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours required to complete the job and client signature</b></p>				
<p><b>Provider Guidelines Manual Reference#: 3008.00</b></p>				

Vehicle Modification	03700	Varies by job - Report approval required over \$1,000.00	Assignment	N/A
<p><b>Definition of Service:</b> Vehicle Modifications include a modification to a motorized or electric vehicle that will allow a person with a disability to operate or ride in said vehicle to obtain and maintain employment; options include:</p> <ul style="list-style-type: none"> <li>A. Hand control installation in an automobile or van; or</li> <li>B. For an individual using a wheelchair to ride as a passenger; or</li> <li>C. For an individual using a wheelchair to drive in cases where the individual cannot transfer to an automobile but can transfer from a wheelchair to a power seat for driving; or</li> <li>D. For an individual using a wheelchair who must drive from the wheelchair; and</li> <li>E. Training in the use of the vehicle modifications; or</li> <li>F. Modifications to a farm or off-road vehicles to meet the needs of a client’s work goal.</li> </ul>				
<p><b>Travel provisions not allowed for this service.</b></p>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours required to complete the job and client signature</b></p>				
<p><b>Provider Guidelines Manual Reference#: 3008.00</b></p>				

## **3009.00 DRIVER TRAINING – Provider Guidelines**

### **3009.01 Description of Service**

There are three levels of Driver Training for Vocational Rehabilitation participants:

- A. The basic level provides an individual with the necessary knowledge and skills to safely operate a motor vehicle. Services include training of State of Georgia Laws and preparation to pass the driving examination to obtain a driver's license. It may include classroom training of the law and licensing requirement, and simulator training. Behind-the-wheel training must be included. This level would not include any special vehicle modifications. This service is only available if the participant's ability to drive safely is impacted by their disability and they require individualized instruction. The participant will need to have a vehicle available that will be used for transportation needed for employment.

Note: Driver training is only available for participants who need specialized instruction to operate a vehicle due to the nature of their disability. The type of training that may be considered is detailed in the provider manual.

- B. The second level provides an individual with disabilities with the necessary knowledge and skills to safely operate a modified vehicle with hand controls. Services may include some classroom training of the law and licensing requirement, and simulator training: and
- C. The third level would include the basic services but would be for a vehicle modified with hi-tech driving systems.

### **3009.02 Provider Information**

The Provider is required to provide services on an individualized basis as appropriate for the specific needs of the VR participant.

Driver Training for vehicles equipped with hand controls or hi-tech driving systems should be provided for training purposes in advance of the vehicle modification.

Additional training is also necessary after the individual's vehicle modifications have been completed and delivered.

This training period should be determined by the counselor in consultation with the Rehabilitation Engineer and OT/CDRS after experiencing the driver's progress towards safe and effective vehicle handling.

### **3009.03 Provider Qualifications**

For individuals who do not require training with modified vehicles and/or adaptive Equipment, Driver Training instructors must possess the following:

- State of Georgia, Department of Motor Vehicle Safety Instructor's License.

For individuals who require training with modified vehicles and with hand-controls, driver-training instructors must possess the following:

- Certification as a Driver Rehabilitation Specialist (CDRS) as awarded by the Association of Driver Rehabilitation Specialists (ADED)

Or

- Certification as Driver Training Instructor working under the supervision of a Driver Rehabilitation Specialist (CDRS)

For individuals who require training with modified vehicles with hi-tech driving systems, driver-training instructors must possess the following:

- Certification as a Driver Rehabilitation Specialist (CDRS) as by the Association of Driver Rehabilitation Specialists (ADED) and a minimum of five (5) years' experience with evaluation and training with hi-tech driving systems.

**Note: Qualifying Documentation - Providers will submit documentation to determine if they meet the standards for potential suppliers.**

**The Provider Relations Specialist (PRS), in cooperation with the Assistive Work Technologist (AWT) Engineer, is responsible for determining if providers meet qualifications.**

#### **3009.04 Process for Outsourcing**

The Vocational Rehabilitation Counselor (VRC) is responsible for determining when driver training service should be purchased, based upon a recommendation from the Assistive Work Technology Engineer.

#### **3009.05 General and Specific Standards**

##### **A. Timeliness**

The Provider must notify the VRC within five (5) business days regarding whether or not they will accept the referral.

## **B. Liability**

A Certified Driver Rehabilitation Specialist and State Driving Instructor must provide proof of \$2,000,000 professional liability insurance.

## **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA/VR policy on all staff that provides direct services to VR Program participants. (For more information see Section 1 – Administrative/11. Criminal Records Investigation Procedures in this Manual).

## **D. Report**

A written report will be required monthly documenting progress and skill attainment. If service lasts less than a month, a report must be submitted within ten (10) days following service completion.

## **E. Fee**

\$85.00

Driver training is only available for clients who need specialized instruction to operate a vehicle due to the nature of their disability. The length of time may vary depending on their disability.

## ASSISTIVE SERVICES

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Driver Training In Service Area	05800	\$85.00	Hour	<60 miles one way to deliver service
Driver Training Out of Service Area	05800-OSA	\$100.00	Hour	>61 miles one way to deliver service
<p><b>Definition of Service:</b> Provides an individual with the necessary knowledge and skills to safely operate a motor A. The basic level provides an individual with a disability with the necessary knowledge and skills to safely operate a motor vehicle. Services include training of State of Georgia Laws and preparation to pass the driving examination to obtain a driver’s license. It may include classroom training of the law and licensing requirement, and simulator training. Behind-the-wheel training must be included. This level would not include any special vehicle modifications. This service is only available if the client’s ability to drive safely is impacted by their disability and they require individualized instruction. The client will need to have a vehicle available that will be used for transportation needed for employment; or</p> <p><b>B.</b> The second level would include the basic services but would be for a vehicle modification with hand controls; or</p> <p><b>C.</b> The third level would include the basic services but would be for a vehicle modification with hi-tech driving systems.</p> <p><b>NOTE: Driver training is only available for clients who need specialized instruction to operate a vehicle due to the nature of their disability. The type of training is detailed in the Provider Guidelines Manual.</b></p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours required to complete training and client signature</b>				
<b>Provider Guidelines Manual Reference#: 3009.00</b>				

# **SECTION 4000**

## **PRE-EMPLOYMENT TRANSITION SERVICES**

- 4001 Job Exploration Counseling
- 4002 Work Based Learning Experiences
- 4003 Counseling on Post-Secondary Opportunities
- 4004 Workplace Readiness Training
- 4005 Instruction in Self-Advocacy
- 4006 Interpreters for the Deaf – Pre-ETS
- 4007 Orientation and Mobility – Pre-ETS
- 4008 Getting Ready for Opportunities  
In Work (GROW) Program Summer  
Academy

- Appendix G – VR Standard Invoice**
- Appendix H – Monthly Summary Report**
- Appendix I – Pre-ETS Activity Report**
- Appendix J – GVRA/VR Pre-ETS Referral Form**

## **4000.00 PRE-EMPLOYMENT TRANSITION SERVICES – Provider Guidelines**

### **Description of Service**

The Workforce Innovation and Opportunity Act (WIOA) expanded the types of services that state vocational rehabilitation agencies can provide to students with disabilities as part of their transition from high school to post-secondary education and/or employment. These expanded services are Pre-Employment Transition Services (Pre-ETS) and are designed to give students opportunity through early career exploration and occupational exposure to make informed decisions that will maximize their ability to enter competitive integrated employment. WIOA is well aligned to Employment First initiatives, as well as the Individuals with Disabilities Education Act (IDEA) that also reinforce the importance of work experience for students with disabilities as part of their transition planning.

### **4000.01 Provider Information**

There are six (6) required Pre-Employment Transition Services (Pre-ETS):

1. Job Exploration Counseling
2. Work Based Learning
3. Counseling on Post-Secondary Opportunities
4. Workplace Readiness Training
5. Instruction in Self-Advocacy
6. Getting Ready for Opportunities in Work (GROW) Program Summer Academy

Pre-ETS services may be provided by vocational rehabilitation professionals within GVRA, in collaboration with education professionals within Local Educational Agencies (LEAs) or by a provider who has a current provider agreement with GVRA. Pre-ETS may be provided to students with disabilities who are considered potentially eligible for VR services and also to those students that are VR eligible.

Planning for pre-employment transition services occurs locally between VR Field Services Leadership and the Local Education Agency (LEA) Leadership. A plan for each school year will be established and providers will be contacted as potential providers of Pre-ETS or as return providers of a Pre-ETS as needed to fulfill the Pre-ETS plan for a specific high school or district. Providers should not reach out to plan Pre-ETS services with a LEA as the liaison to the LEA should be VR Field Services unless a district has a provider relationship with a provider outside their relationship with GVRA. The agency has no obligation to purchase services planned between a provider and a LEA that were planned without VR Field Services approval.

## The Six (6) Required Pre-ETS

Utilizing the **CRP Pre-ETS Guidebook** developed by the Workforce Innovation Technical Assistance Center (WINTAC) and Transcen, Inc. the following will focus upon the six (6) required Pre-ETS Services:

### 4001.00

#### **Job Exploration Counseling**

Job Exploration Counseling is meant to provide students with a variety of opportunities to gain information about careers, the skills needed for different jobs and to uncover personal career interests. If provided as pre-employment transition services, job exploration counseling may be provided in a group setting or on an individual basis and may include information regarding in-demand industry sectors and occupations, as well as non-traditional employment, labor market composition and vocational interest inventories to assist with the identification of career pathways of interest to the students.

Job Exploration Counseling includes activities and experiences that assist students to:

- Explore career options and identify career pathways of interest
- Uncover vocational interests using inventories.
- Learn about skills needed in the workplace and for specific jobs.
- Understand the labor market including in demand industries and occupations,
- Learn about non-traditional employment options.

Examples of activities to deliver Job Exploration Counseling:

#### Individual

- Administer vocational interest inventory and review results.
- Learn about and explore career pathways using state career information systems.
- Interview people to learn about jobs and skills needed to succeed.
- Provide information regarding nontraditional employment.
- Provide information about in-demand industry sectors and occupations.

#### Group

- Share and discuss local labor market information and how it impacts them.
- Use O\*NET and/or other career exploration tools to explore careers.
- Arrange a panel of local employers meet with students.
- Develop a local career fair.
- Provide information regarding nontraditional employment.
- Work with students to complete vocational interest inventories.
  - Discuss information about career pathways and help students identify career pathways of interest.

**Fee**

Pre-ETS Job Exploration Counseling Services	\$100.00 Hourly
Pre-ETS Job Exploration Counseling Services Out of Service Area	\$150.00 Hourly
Pre-ETS JE Counseling Services Virtual	\$50.00 Hourly

**PRE-EMPLOYMENT TRANSITION SERVICES**

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Job Exploration</b>				
Pre-ETS Job Exploration Counseling Services	Pre-3240	\$100.00	Hour	<60 miles one way to deliver service
Pre-ETS Job Exploration Counseling Services Out of Service Area	Pre-3240OS	\$150.00	Hour	>61 miles one way to deliver service
Pre-ETS JE Counseling Services Virtual	Pre-3240VR	\$50.00	Hour	Virtual
<p>Definition of Service: To provide students with a variety of opportunities to gain information about careers, the skills needed for different jobs and to uncover personal career interests. Rates are per Hour/unit/hour.</p>				
<b>All associated costs included in service rate</b>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement AND Client Signature is Required on Sign In Sheet AND Activity Form Documentation is submitted to FiscalServices@gvs.ga.gov</b></p>				
<b>Provider Guidelines Manual Reference#: 4001.00</b>				

## 4002.00 Work Based Learning

Work Based Learning (WBL) is an educational approach or instructional method that uses community workplaces to provide students with the knowledge and skills that will help them connect school experiences to real-life work activities and future career opportunities. It is essential that direct employer or community involvement be a component of WBL to ensure in-depth student engagement.

WBL may include in- school or after- school opportunities, experiences outside the traditional school setting, and/or internships. When paid WBL experiences are provided, the wages are to be paid at no less than minimum wage.

Work based learning includes activities and experiences that assist students to:

- Develop work skills through participation in paid and nonpaid work experiences in community integrated employment.
- Apply classroom knowledge to the workplace.
- Gain greater understanding of the soft skills important to success in the workplace.
- Learn from people currently working in the occupations and career of interest.

Examples of activities to deliver work-based learning:

### Individual

- Connect student with a business mentor.
- Develop work sites aligned with student interest.
- Provide local volunteer opportunities for students.
- Conduct work-based learning evaluations of student performance.
- Provide opportunities for Internships, Apprenticeships (not registered apprenticeships or pre-apprenticeships), Etc.

### Group

- Support students to participate in career competitions.
- Coordinate informational interviews to research employers.
- Conduct work-site tours to learn about necessary job skills in various business settings.
- Provide job shadowing and mentoring opportunities in the community

### Fee

Pre-ETS Work Based Learning Experiences Services In Service Area \$100.00 Hourly

Pre-ETS Work Based Learning Experiences Services Out of Service Area \$150.00 Hourly

Pre-ETS Work Based Learning Experiences Services  
Virtual

\$50.00 Hourly

**PRE-EMPLOYMENT TRANSITION SERVICES**

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Work Based Learning Experiences</b>				
Pre-ETS Work Based Learning Experiences Services In Service Area	Pre-3350	\$100.00	Hour	<60 miles one way to deliver service
Pre-ETS Work Based Learning Experiences Services Out of Service Area	Pre-3350OS	\$150.00	Hour	>61 miles one way to deliver service
Pre-ETS Work Based Learning Experiences Services Virtual	Pre-3350VR	\$50.00	Hour	Virtual
Pre-ETS Tours Business/Industry	Pre-3340	\$200.00	Per Day/Per Student	N/A
Pre-ETS Tours Combo Business/Industry & College/Military	Pre-4300	\$200.00	Per Day/Per Student	N/A
<p><b>Definition of Service:</b> An educational approach or instructional method that uses community workplaces to provide students with the knowledge and skills that will help them connect school experiences to real-life work activities and future career opportunities.</p> <p><b>*Transportation provided by the provider for the student. Tours are per day, per student regardless of the number of stops/tours or hours included in a one-day outing.</b></p>				
<b>All associated costs included in service rate</b>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement AND Client Signature is Required on Sign In Sheet AND Activity Form</b> Documentation is submitted to <a href="mailto:FiscalServices@gvs.ga.gov">FiscalServices@gvs.ga.gov</a></p>				
<b>Provider Guidelines Manual Reference#: 4002.00</b>				

## PRE-ETS INCLUSIVE POST SECONDARY EDUCATION

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Pre-ETS WBL Inclusive Post Secondary Education</b>	<b>Pre-3333</b>	<b>\$3,000.00</b>	<b>Semester</b>	<b>N/A</b>
<p><b>Definition of Service:</b> Inclusive Post Secondary Education (IPSE) is a semester long experiential program that exposes the participant to all five of the required areas under WIOA. Each semester will be filled with experiences from all five areas: Self-Advocacy, Career Exploration, Workplace Readiness, Counseling on Post-Secondary Opportunities, and Work Based Learning Experiences. It is meant to be delivered on college campuses and within the community in which the individuals reside in. IPSE is limited to four (4) semesters.</p> <p><b>The rate includes all of the following: Meals, Transportation, Materials, Staff, Speakers, etc.</b></p>				
<b>All associated costs included in service rate</b>				
<b>Provider Guidelines Manual Reference#: 4002.01</b>				

**4003.00**

**Counseling on Opportunities for Enrollment in Comprehensive Transition or Post-Secondary Education Programs at Institutions of Higher Education**

To improve employment outcomes and increase opportunities for students with disabilities to access 21st century jobs, it is essential that students and their family members be provided information and guidance on a variety of post-secondary education and training opportunities. These services may include information on course offerings, career options, types of academic and occupational training needed to succeed in the workplace, and postsecondary opportunities associated with a career field or pathways. It may also include advising students and family members on academic curricula, college application and admissions processes, completing the Free Application for Federal Student Aid (FAFSA), and resources that may be used to support individual student success in education and training, to include disability support services.

The post-secondary options that should be explored include:

- Community Colleges (AA/AS degrees, certificate programs and classes)
- Universities (Public and Private)
- Career pathways related to workshops/training programs.
- Trade/Technical Schools
- Military
- Post-secondary programs at community colleges and Universities for students with intellectual and developmental disabilities

Examples of activities to deliver post-secondary counseling:

Individual

- Learn about accommodations for college entrance exams.
- Develop ‘class shadows’ in college and vocational training classrooms.
- Advise students and parents or representatives on academic curricula.
- Provide information about college application and admissions processes.
- Complete the Free Application for Federal Student Aid (FAFSA) with student.
- Provide resources that may be used to support individual student success in education and training (i.e., disability support services)

Fee

Pre-ETS Counseling on Enrollment Opportunities Services                      \$100.00 Session  
In Service Area

Pre-Ets Counseling on Enrollment Opportunities Services                      \$150.00 Session

Out of Service Area

Pre-ETS Counseling on Enrollment Opportunities Services  
Virtual

\$50.00 Session

### PRE-EMPLOYMENT TRANSITION SERVICES

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Counseling On Enrollment Opportunities</b>				
Pre-ETS Counseling on Enrollment Opportunities Services In Service Area	Pre-3430	\$100.00	Hour	<60 miles one way to deliver service
Pre-ETS Counseling on Enrollment Opportunities Services Out of Service Area	Pre-3430OS	\$150.00	Hour	>61 miles one way to deliver service
Pre-ETS Counseling on Enrollment Opportunities Services Virtual	Pre-3430VR	\$50.00	Hour	Virtual
Pre-ETS Tours Combo Business/Industry & College/Military	Pre-4300	\$200.00	Per Day/Per Student	N/A
Pre-ETS Tours Business/Industry	Pre-3420	\$200.00	Per Day/Per Student	N/A
<p>Definition of Service: Provide parents and students information and guidance on a variety of post-secondary education and training opportunities.</p> <p>*Transportation provided by the provider for the student. Tours are per day, per student regardless of the number of stops/tours or hours included in a one-day outing. Rates are per Hour/unit/hour.</p>				
<b>All associated costs included in service rate</b>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement AND Client Signature is Required on Sign In Sheet AND Activity Form Documentation is submitted to FiscalServices@gvs.ga.gov</b></p>				
<b>Provider Guidelines Manual Reference#: 4003.00</b>				

## 4004.00 **Workplace Readiness Training**

Workplace readiness traits describe a number of skills that employers expect from most employees. Workplace readiness skills are a set of skills and behaviors that are necessary for any job, such as how to interact with supervisors and co-workers and the importance of timeliness. These skills are sometimes called soft skills, employability skills, or job preparation skills. These skills help students learn and build an understanding of how we are perceived by others.

Employers value employees who can communicate effectively and act professionally. No matter what technical skills a job may require, every job requires good social skills/interpersonal skills.

In addition to developing social and independent living skills, workplace readiness training may also include:

- Financial literacy
- Orientation and mobility skills
- Job-seeking skills
- Understanding employer expectations for punctuality and performance

Examples of activities to deliver work readiness training:

### Individual

- Identify and learn how to use assistive technology in the workplace.
- Meet with a benefit counselor.
- Develop individual transportation plans and learn necessary mobility skills.
- Provide self-evaluation instruction/ programs that include the same topics as found under a group setting:
  - Maintaining healthy relationships
  - Work and study habits
  - Planning and goals setting
  - Using community resources
  - Budgeting and paying bills.
  - Computer literacy

### Group

- Provide lessons on strategies to support independence at work such as time management, self- monitoring performance, and accepting constructive feedback.
- Conduct simulations to develop social and communication skills.
- Develop financial literacy, including banking and budgeting skills.
- Provide role-play experiences for working as a team.

- Develop communication and interpersonal skills.
- Provide group orientation and mobility skills (i.e., to access workplace readiness training or to learn to travel independently)
- Develop job-seeking skills.
- Instruct students on understanding employer expectations for punctuality and performance, as well as other “soft” skills necessary for employment.

**Fee**

Pre-ETS Workplace Readiness Training Services In Service Area \$100.00 Hourly

Pre-ETS Workplace Readiness Training Services Out of Service Area \$150.00 Hourly

Pre-ETS Workplace Readiness Training Services \$50.00 Hourly

**PRE-EMPLOYMENT TRANSITION SERVICES**

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Workplace Readiness Training</b>				
Pre-ETS Workplace Readiness Training Services In Service Area	Pre-3580	\$100.00	Hour	<60 miles one way to deliver service
Pre-ETS Workplace Readiness Training Services Out of Service Area	Pre-3580OS	\$150.00	Hour	>61 miles one way to deliver service
Pre-ETS Workplace Readiness Training Services Virtual	Pre-3580VR	\$50.00	Hour	Virtual
Definition of Service: Rates are per unit which may include multiple services.				
Out of service rate does not apply to statewide providers.				
NOTE: Job/Career Exploration-Group; Vocational Interest Assessment/Interpretation. Rates are per Hour/unit/hour.				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement AND Client Signature is Required on Sign In Sheet AND Activity Form Documentation is submitted to FiscalServices@gvs.ga.gov</b>				
<b>Provider Guidelines Manual Reference#: 4004.00</b>				

## 4005.00 Self-Advocacy Skills

Self-advocacy skills include an individual's ability to effectively communicate, convey, negotiate or assert their own interests and/or desires. Schools also work with students to develop self-determination, which means that students with disabilities have the freedom to plan their own lives, pursue the things that are important to them and experience the same life opportunities as other people in their communities. These acquired skills will enable students to advocate for any support services, including auxiliary aids, services, and accommodations that may be necessary for training or employment.

Self-advocacy skills are developed when students are provided with experiences to develop:

- Knowledge of self
- Knowledge of rights and responsibilities
- Communication skills
- Leadership skills

Examples of activities to deliver self-advocacy skills:

### Individual

- Discuss with student how their disability impacts them and identify strategies that may assist them at school, work and socially.
- Use computer assisted instruction to learn about IEP's and how to be an active participant.
- Assist student to identify, document and explain needed accommodations
- Assist student in developing goals and information to share at their IEP
- Conduct informational interviews.
- Provide opportunities for students to participate in mentoring with individuals employed by or volunteering for employers, boards, associations, or organizations in integrated community settings.
- Provide opportunities for students to participate in youth leadership activities offered in educational or community settings

### Group

- Conduct a panel presentation of recent graduates to share their experiences
- Select and deliver a disability disclosure curriculum.
- Teach a class using 'Whose Future is it Anyway' to teach self-determination skills

- Assist students in selecting a community need and create a plan to address it
- Teach students about and discuss rights and responsibilities.
- Teach students how to request accommodations or services and supports Assist students in communicating their thoughts, concerns, and needs, to prepare them for peer mentoring opportunities with individuals working in their area(s) of interest (CRP Pre-ETS Guidebook)

**Fee**

Pre-ETS Instruction in Self-Advocacy In Service Area	\$100.00 Session
Pre-ETS Instruction in Self-Advocacy Out of Service Area	\$150.00 Session
Pre-ETS Instruction in Self-Advocacy Virtual	\$50.00 Session

**PRE-EMPLOYMENT TRANSITION SERVICES**

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Instruction in Self Advocacy</b>				
Pre-ETS Instruction in Self-Advocacy In Service Area	Pre-3640	\$100.00	Hour	<60 miles one way to deliver service
Pre-ETS Instruction in Self-Advocacy Out of Service Area	Pre3640OS	\$150.00	Hour	>61 miles one way to deliver service
Pre-ETS Instruction in Self-Advocacy Virtual	Pre-3640VR	\$50.00	Hour	Virtual
Definition of Service: Self Advocacy skills include an individual’s ability to effectively communicate, convey, negotiate, or assert their own interests and/or desires.				
Instruction is individual: Pre-SA Mentoring/Volunteering in Integrated Community Settings, Youth Leadership Activities. Rates are per Hour/unit/hour.				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement AND Client Signature is Required on Sign In Sheet AND Activity Form Documentation is submitted to FiscalServices@gvs.ga.gov</b>				
<b>P+G13:K21rovider Guidelines Manual Reference#: 4005.00</b>				

## **4006.00 INTERPRETERS FOR THE DEAF – Pre-ETS Provider Guidelines**

### **4006.01 Description of Service**

Interpreters facilitate communication between persons who are deaf, hard-of-hearing or deaf-blind and persons who are hearing. Interpreting services provide accessibility to various programs and services to ensure effective communication. Interpreters act only in the role of communication facilitator.

### **4006.02 Provider Information**

The Georgia Vocational Rehabilitation Agency, Vocational Rehabilitation Program currently provides interpreters for staff through a referral from the agency based on the contract and for participants through a Provider Service Agreement with qualified vendors.

Interpreter requests should be made as soon as the date and time for the assignment are confirmed. Although it may be possible to obtain an interpreter on short notice, it is suggested that requests for interpreter services be made at least two weeks in advance to ensure that a qualified interpreter is available to meet the need.

Video Remote Interpreting Services (VRI) are available in some areas with videophones or web-based technology. Requests for VRI services are also handled through a contract and/or Provider Service Agreement with the VRI provider. Only certified interpreters are used in this process. It may be possible for interpreter requests to be filled with a remote interpreter with less advanced notice than the two-week recommended time for the traditional interpreter requests. Contact your District Manager or State Coordinator for Deaf Services for specifics about arranging for this service.

The agency is required to provide funding for such service if no other public entity is required to provide such aid service. Negotiation of shared cost of interpreters is encouraged with another public entity who is required by law to provide services so an individual may access or participate in any vocational related service or training.

### **4006.03 Provider Qualifications**

The following credentials are required for Interpreters to provide services for VR staff and/or participants.

- **Educational Interpreter Performance Assessment (Score 4.0 or above in secondary settings) {EIPA}** – The administration of the test for this certification is by the Boystown National Research Hospital. Holders of this certificate have demonstrated the ability to interpret between English-based

sign language in a classroom environment. This includes voicing English in both sign-to-voice and voice-to-sign from learners. The holder of an EIPA 4.0 or above may not have the ability to interpret using American Sign Language in all situations. The holder may not be appropriate for requests where medical terminology or legal terminology is imperative. This should only be used in educational or instruction settings. For billing purposes, this will be coded as a nationally certified interpreter.

- **CDI (Certified Deaf Interpreter)** – The holder of this certificate is Deaf or hard-of-hearing. In addition to proficient communication skill and general interpreter training, the CDI has specialized training and/or experience in the use of gesture, mime, props, drawings and other tools to enhance communication. The CDI has knowledge and understanding of deafness, the Deaf community and Deaf culture. The CDI possess native or near-native fluency in American Sign Language (ASL) and is often used to communicate with deaf and hard-of-hearing consumers with minimal language and/or with Deaf-blind consumers.
  
- **NIC (National Interpreter Certification)** – The NIC exam tests interpreting skills and knowledge in three critical domains:
  4. General knowledge of the field of interpreting (written exam)
  5. Ethical decision making (Interview – Performance)
  6. Interpreting AND transliterating skills (Performance)

Holders of this certificate have scored within the standard range in these three areas.

Passing the test at the NIC level indicates that the interpreter has demonstrated skills in interpreting that meet a standard professional performance level and should be able to perform the varied functions of interpreting on a daily basis with competence and skill. It also shows that an individual has passed a test with both interpreting and transliterating elements, as opposed to one or the other.

Individuals holding the NIC certifications may be expected to perform competently in most routine interpreting assignments as well as in assignments that may be more complex in nature or require interpreting skills above standard levels.

**Note: Qualifying Documentation - Providers will submit documentation to determine if they meet the standards for potential suppliers.**

**The PRS is responsible for determining if providers meet minimum qualifications.**

**4006.04 Process for Outsourcing**

It is the VR staff’s responsibility to determine when Interpreting Services are required.

The VR Interpreter Request Form should be used when referring participants for deaf interpreting services served through the referral agency contract. This form is not used for referrals through individual Provider Service Agreements.

**4006.05 General and Specific Standards**

**F. Timeliness**

The standard time to request interpreting services should be as soon as the need and date of services is determined, but no less than 48 hours. The provider shall accept or reject the assignment within 24 hours of receipt.

**G. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation Agency/Vocational Rehabilitation program.

**H. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provide direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

**I. General Requirements**

**Mobility** – Consideration should be given to the participant’s needs in determining an appropriate location for the meeting. If the participant cannot travel to the meeting location, at the discretion of the VR staff, an alternate setting will be chosen.

**J. Fee**

Pre-ETS Certified Sign Language Interpreter	\$175.00 Hourly
Pre-ETS Certified Sign Language Interpreter Out of Service Area	\$220.00 Hourly
Pre-ETS Interpreter Services Virtual	\$125.00 Hourly

## Interpreters for the Deaf – Pre-ETS

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Pre-Employment Transition Services (Pre-ETS) Interpreter Services</b>				
<b>Job Exploration</b>				
Pre-ETS Job Exploration Interpreter Services	Pre-3229	\$175.00	Hour	<60 miles one way to deliver service
Pre-ETS Job Exploration Interpreter Services Out of Service Area	Pre-3229OS	\$220.00	Hour	>61 miles one way to deliver service
Pre-ETS Job Exploration Interpreter Services Virtual	Pre-3230VR	\$125.00	Hour	Remote
<b>Work Based Learning</b>				
Pre-ETS Work Based Learning Interpreter Services	Pre-3311	\$175.00	Hour	<60 miles one way to deliver service
Pre-ETS Work Based Learning Interpreter Services Out of Service Area	Pre-3311OS	\$220.00	Hour	>61 miles one way to deliver service
Pre-ETS Work Based Learning Interpreter Services Virtual	Pre-3312VR	\$125.00	Hour	Remote
<b>Counseling on Enrollment Opportunities</b>				
Pre-ETS Counseling on Enrollment Opportunities Interpreter Services	Pre-3409	\$175.00	Hour	<60 miles one way to deliver service
Pre-ETS Counseling on Enrollment Opportunities Interpreter Services Out of Service Area	Pre-3409OS	\$220.00	Hour	>61 miles one way to deliver service
Pre-ETS Counseling on Enrollment Opportunities Interpreter Services Virtual	Pre-3410VR	\$125.00	Hour	Remote
<b>Work Readiness Training</b>				
Pre-ETS Work Readiness Training Interpreter Services	Pre-3552	\$175.00	Hour	<60 miles one way to deliver service
Pre-ETS Work Readiness Training Interpreter Services Out of Service Area	Pre-3552OS	\$220.00	Hour	>61 miles one way to deliver service
Pre-ETS Work Readiness Training Interpreter Services Virtual	Pre-3353VR	\$125.00	Hour	Remote

<b>Introduction in Self-Advocacy</b>				
<b>Pre-ETS Introduction in Self-Advocacy Interpreter Services</b>	<b>Pre-3628</b>	<b>\$175.00</b>	<b>Hour</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Pre-ETS Introduction in Self-Advocacy Interpreter Services Out of Service Area</b>	<b>Pre-3628OS</b>	<b>\$220.00</b>	<b>Hour</b>	<b>&gt;61 miles one way to deliver service</b>
<b>Pre-ETS Introduction in Self-Advocacy Interpreter Services Virtual</b>	<b>Pre-3629VR</b>	<b>\$125.00</b>	<b>Hour</b>	<b>Remote</b>
<b>Definition of Service:</b> All interpreters must be Certified Deaf Interpreters.				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include number of hours required to complete job.</b>				
<b>Provider Guidelines Manual Reference#: 4006.00</b>				

## **4007.00 ORIENTATION AND MOBILITY – Pre-ETS – Provider Guidelines**

### **4007.01 Description of Service**

Orientation and Mobility (O&M) training prepares any person with a visual impairment to move safely and independently in a variety of environments to enable the individual to meet their vocational goals. Training includes both instruction and practical experiences.

### **4007.02 Provider Information**

Orientation and Mobility Services are indicated if:

- Persons with functional limitations may have a number of factors that could affect their learning:
- Life patterns that are altered and interrupted by the onset of a disability, decreasing or fluctuating vision, mobility.
- Concomitant health problems
- a reluctance to leave or alter a familiar environment
- a questionable sense of self-worth
- “normal” decrease in tactual, auditory and olfactory abilities.
- rigidity in lifestyle
- changes in social and/or economic status
- the need to cope with their own and others’ stereotyped views of disability
- list end

O&M services may include, but are not limited to:

A. A functional assessment of the individuals functioning level and orientation and mobility skills to identify services needed to allow individual to reach his O&M goals.

B. Developing individualized orientation and mobility instruction plans in conjunction with the participant and VR staff.

C. Teaching orientation and mobility skills, which include but are not limited to the following:

- Techniques of travel utilizing a white cane, service animal, electronic travel aid, or optical device.

#### D. Orientation and mobility techniques/environments

- Basic skills
- Indoor cane skills
- Small business travel
- Downtown travel
- Rural travel
- Public transportation
- Mall travel
- Adverse weather conditions
- Night travel
- City travel
- E. Orientation and mobility skills/knowledge
- Use of remaining senses
- Use of aided and unaided residual vision
- Organization of spatial relations
- Solicitation of information
- Interaction with the public
- Problem solving strategies.
- Conceptual understanding of self and environment
- Appropriate movement behavior including posture and gait.

#### **4007.03 Provider Qualifications**

Orientation and Mobility service providers must meet the following requirements:

A. Certification from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) as a Certified Orientation and Mobility Specialist (COMS); or

B. Certification from the National Blindness Professional Certification Board (NBPCB) as a National Orientation and Mobility Certification (NOMC); or

C. Individual who has completed all O&M curricula from an accredited college or university; is eligible for O&M certification; is working under the clinical supervision of a COMS or NOMC; and applies for certification within six months from approval as a provider and attains certification within one year; or

D. An individual who has met all the requirements for certification in a NOMC program working under the clinical supervision of a COMS or NOMC and attains certification within one year.

**Note: Qualifying Documentation - Providers will submit documentation to determine if they meet the standards for potential suppliers.**

**The PRS is responsible for determining if providers meet qualifications.**

#### **4007.04 General and Specific Standards**

##### **A. Timeliness**

Provider must notify counselor within five (5) business days from receipt of referral whether they will accept referral. Provider will give counselor an approximate begin date of services. A proposal for time frames and frequency of instruction and progress reports must be agreed to before the purchase of services.

A final report must be received by VR staff within ten (10) days of completion of services.

##### **B. General Requirements**

**Mobility** - Consideration should be given to the participant's needs in determining an appropriate location for providing instruction.

##### **C. Report**

At the end of each month, the Provider will provide the Vocational Rehabilitation Counselor with a summary of the following:

- Skills that were taught this month.
- Participant initiative, motivation and progress toward learning those skills.
- Training concerns that need to be addressed.
- Topics to be covered the following month if additional training is required.

It is the provider's responsibility to ensure that the information in the report is easily discernible and accessible to the users, and is staffed with VR and the participant. Reports must be signed by the provider.

##### **Identifying Information**

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report
- Disability(s)

**Interventions:**

Based on a person’s goals and skills, the employment setting, and the supports needed, assistive technology is provided within the context of reasonable accommodations.

**Evaluation Results:**

This section should include participant’s previous mobility training, if any, and beginning and current skills level. In addition, this section will include the results of the evaluation. Visual functioning, orientation skills, cane skills, service animal.

**Achievement Level:**

Based on the individual’s employment objectives, the participant should receive only those services, which help him/her, achieve the desired outcomes.

**Summary/Recommendations:**

Summary of the participant’s current skills level as it relates to their vocational goal and any need for further training. Timelines will also be addressed in this section i.e., estimated length of training.

**D. Fee**

Pre-ETS WR Certified O and M Services In Service Area	\$105.00 Hourly
Pre-ETS WR Certified O and M Services Out of Service Area	\$125.00 Hourly

**Orientation and Mobility – Pre-ETS**

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Pre-Employment Transition Services (Pre-ETS)</b>				
Pre-ETS WR Certified O&M Services	Pre-3503	\$105.00	Hour	<60 miles one way to deliver service

<b>Pre-ETS WR Certified O&amp;M Individual Services (Individualized Training) Out of Service Area</b>	<b>Pre-3503OS</b>	<b>\$125.00</b>	<b>Hour</b>	<b>&gt;61 miles one way to deliver service</b>
<b>Pre-ETS WBL Certified O&amp;M Services</b>	<b>Pre-3359</b>	<b>\$105.00</b>	<b>Hour</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Pre-ETS WBL Certified O&amp;M Individual Services (Individualized Training) Out of Service Area</b>	<b>Pre-3359OS</b>	<b>\$125.00</b>	<b>Hour</b>	<b>&gt;61 miles one way to deliver service</b>
<p><b>Definition of Service:</b> Orientation and Mobility (O&amp;M) training prepares any person with a visual impairment to move safely and independently in a variety of environments to enable the student to participate in Pre-ETS.</p> <p><b>NOTE: Compensation for services will be as follows:</b>  <b>Standard Training - Average 60 hours</b>  <b><u>OR</u></b>  <b>Complex Training - Average 100 hours</b></p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours and client signature</b>				
<b>Provider Guidelines Manual Reference#: 4007.00</b>				

**Description of Service****GETTING READY FOR OPPORTUNITIES IN WORK (GROW) PROGRAM SUMMER ACADEMY****GROW Program may include:**

G.R.O.W. is a weeklong experiential program that exposes the participant to all five of the required areas under WIOA. Each day will be filled with experiences from one of the five areas; Self-Advocacy, Career Exploration, Workplace Readiness, Counseling on Post-Secondary Opportunities, and Work Based Learning Experiences. It is meant to be delivered in the community in which the individuals reside in.

G.R.O.W. is designed to be completed in groups of 30 or less. There should be no more than 15 students to one instructor, and in some cases, it may require a 5 to 1 ratio.

G.R.O.W. is a flat rate. The rate includes all of the following: Meals, Transportation, Materials, Staff, Speakers, etc.

Providers will have to submit at the end of the week a daily sign in sheet, and a summary report on each individual that participated in the weekly programming.

Example of a weekly schedule and content:

**Monday – Self-Advocacy**

- On the job accommodations
- When to disclose your disability
- How their disability impacts them at work
- Responsibility for online and social media activity

**Tuesday – Work Readiness Training**

- Job Seeking Skills (resumes and applications) \*\*all participants leave with a skills-based resume.
- Work Behaviors (sexual harassment, transportation plan, cell phone use, grooming, dress codes, interpersonal relationships (internal and external customer service), time management.
- Common risks to successful job retention

**Wednesday – Job Exploration**

- Local labor market information
- Interest Inventory
- Panel of local employers

**Thursday – Work Based Learning**

- Virtual/ in-person tours
- Connect students with mentors from businesses providers used for CWAT.
- Presentations by employers
- Possible community day of service/volunteering jobs

**Friday – Counseling on Post-Secondary Enrollment**

- Is college the correct path?
- TCSG/USG
- Disability Services (Accommodations, Assistive Technology)
- FAFSA & types of aid

- Applying to technical schools and colleges
- Inclusive Post-Secondary
- When to start Planning for College

**Fee**

\$1,750 per participant

**GROW**

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Getting Ready for Opportunities in Work (GROW) Program Summer Academy</b>				
<b>GROW Summer Academy</b>	<b>Pre-7001 (14-17 y/o H/S Students)</b>	<b>\$1,750.00</b>	<b>Per Student</b>	<b>N/A</b>
<b>GROW Summer Academy</b>	<b>Pre-7002 (18-22 y/o H/S Students)</b>	<b>\$1,750.00</b>	<b>Per Student</b>	<b>N/A</b>
<b>Examples of Week Long Schedule and Content</b>				
<b>Monday - Self Advocacy</b> <ul style="list-style-type: none"> <li>• On the job accommodations</li> <li>• When to disclose your disability</li> <li>• How their disability impacts them at work</li> <li>• Responsibility for online and social media activity</li> </ul>				
<b>Tuesday - Work Readiness Training</b> <ul style="list-style-type: none"> <li>• Job Seeking Skills (resumes and applications) **all participants leave with a skills-based resume</li> <li>• Work Behaviors (sexual harassment, transportation plan, cell phone use, grooming, dress codes, interpersonal relationships (internal and external customer service), time management</li> <li>• Common risks to successful job retention</li> </ul>				
<b>Wednesday - Job Exploration</b> <ul style="list-style-type: none"> <li>• Local labor market information</li> <li>• Interest Inventory</li> <li>• Panel of local employers</li> </ul>				
<b>Thursday - Work Based Learning</b> <ul style="list-style-type: none"> <li>• Virtual/ in-person tours</li> <li>• Connect students with mentors from businesses providers used for CWAT</li> <li>• Presentations by employers</li> <li>• Possible community day of service/volunteering jobs</li> </ul>				

### Friday - Counseling on Post Secondary Enrollment

- Is college the correct path
- TCSG/USG
- Disability Services (Accommodations, Assistive Technology)
- FAFSA & types of aid
- Applying to technical schools and colleges
- Inclusive Post-Secondary
- When to start Planning for College

**Definition of Service:** GROW is a week long experiential program that exposes the participant to all five of the required areas under WIOA. Each day will be filled with experiences from one of the five areas: Self-Advocacy, Career Exploration, Workplace Readiness, Counseling on Post-Secondary Opportunities, and Work Based Learning Experiences. It is meant to be delivered in the community in which the individuals reside in.

GROW is designed to be completed in groups of 30 or less. There should be no more than 15 students to one instructor, and in some cases, it may require a 5 to 1 ratio.

**GROW is a flat rate.** The rate includes all of the following: Meals, Transportation, Materials, Staff, Speakers, etc.

Providers will have to submit at the end of the week a daily sign in sheet, and a summary report on each individual that participated in the weekly programming.

**All associated costs included in service rate**

**Payment Processing Required Documentation: Signed Invoice with Attestation Statement  
AND Client Signature is Required on Sign In Sheet AND Activity Form  
Documentation is submitted to FiscalServices@gvs.ga.gov**

**Provider Guidelines Manual Reference#: 4008.00**

### Provider Qualifications

Pre-Employment Transition Services providers are accountable to recruit and retain staff that are qualified to provide training to students with disabilities. Minimum qualifications include:

- High School diploma or General Educational Development (GED) certificate.

At least one of the following:

- Two years of experience working with students with disabilities, and a minimum of 30 semester hours of college credit with a minimum of 15 semester hours in special education, specific disabilities, social work, counseling, business or a related field.

- 60 hours of college credit in special education, specific disabilities, social work, counseling, business or a related field.

The provider leadership must be responsible for documentation of staff qualifications to deliver Pre-Employment Transition Services (Pre-ETS). Exceptions to the provider qualifications noted above will be granted for individuals who do not meet the educational requirements above if the total of that individual's work experiences clearly demonstrates that he or she is experienced in instructing students with disabilities during the transition years.

Exceptions to staff qualifications must be documented in writing by provider leadership and submitted to GVRA Provider Management to be maintained in the provider's records. GVRA may ask for provider qualification documentation prior to and during the provision of Pre-Employment Transition Services.

### **Process for Outsourcing**

It is VR staff working within Transition Services responsibility to determine when Pre-ETS should be purchased and which of the five (6) required services should be purchased. The maximum number of hours for Pre-ETS services is established by service code. Services can be extended only with approval from VR Managers.

Providers must obtain a written authorization or a completed Referral Form from a VR professional before providing any Pre-ETS Service.

Monthly, Quarterly and Annual reporting requirements are listed in each individual Provider Agreement. Sample documents for Pre-ETS services are included in Appendix G, H, I and J.

### **General and Specific Standards**

#### **A. Timeliness**

The provider must notify Vocational Rehabilitation within three (3) business days of receipt of referral regarding whether or not the referral will be accepted. Upon completion of services, documentation of services should be received by the referring VR staff within ten (10) business days from the completion of the services or termination of the service.

#### **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the GVRA/Vocational Rehabilitation Program.

#### **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information, see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

#### **D. General Requirements**

PRE-ETS providers may choose their own curriculum or combine different curricula to meet training expectations. If a combination of pre-ETS services are bundled into one curriculum, the curriculum must be pre-approved by the GVRA Director of Transition Services or a designee prior to the service being provided.

GVRA requires that the curriculum or curricula include:

- Written summary of the curriculum with reference citations.
- Written outline of the training objectives for each curriculum utilized.
- Meaningful Pre-ETS activities for transition-age students with disabilities.
- Appropriate content for the maximum number of hours for the pre-ETS activities
- Documentation of methods to report pre and post outcomes.

A copy of the curriculum may be requested by the GVRA Director of Transition or a designee at any time prior or during the provision of pre-ETS services.

#### **E. Report**

Providers can only be paid for time attended by students. General reporting documentation should include evidence of the following:

1. Training was completed without exceeding the approved number of hours on the service authorization.
2. Training was completed meeting the minimum number of students authorized to participate.
3. Training only included pre-ETS categories of training.

More specific details of the services and student's performance requiring documentation will include the following:

- 1) Student's Name
- 2) Service Authorization Number
- 3) Date of Service(s)
- 4) Training Information – Group or Individual
- 5) Group – Number of students participating.
- 6) Instructional approaches –
  - a. Discussions
  - b. Hands-on experiences
  - c. Power-Point Presentations
  - d. Project and Problem-Based Learning
  - e. Computer-Aided Instruction
  - f. Community Based Learning
- 7) Total number of hours the student attended.
- 8) Student's Response to the Curriculum
- 9) Overall Student Performance
- 10) Training Summary – Describe all accommodations, compensatory techniques and any special training required by the student. Describe the student's ability and willingness to perform skills and tasks, as well as any issues or concerns that emerged during student participation. Record skills that emerged during the course of the service and describe any additional training needs.
- 11) Signature – there should be a printed/typed name of the Pre-ETS trainer, as well as a signature on each student report.

12) Date report completed.

Upon completion of services, documentation of services should be received by the referring VR staff within ten (10) business days from the completion of the services or termination of the service.

**F. Fee**

The Pre-ETS activity description, including the rate, is noted within the service authorization document.

Invoice packets must be submitted for payment:

1. Hourly Service:

- i. Written service authorization form to include authorization number.
- ii. Invoice statement using sample format provided by GVRA/VR; and
- iii. Monthly Progress Report indicating performance and recommendation for additional services, or, if applicable, a summary report if services are complete.
- iv. All information is required and must be submitted to the VR Representative authorizing the service

2. Pre-ETS Group Services:

- i. Invoice statement using sample format provided by GVRA/VR for group services; and
- ii. Summary Report using template provided by GVRA/VR.
- iii. All information is required and must be submitted to the appropriate VR Representative for approval:
- iv. Invoice statement and Summary Report must be submitted to VR contract liaison.
- v. Program Report must be submitted to the VR Representative authorizing the service.

**G. Resources**

For more information regarding pre-ETS, the following links are provided:

Workforce Innovation Technical Assistance Center (WINTAC) –

<http://www.wintac.org/>

CRP Pre-ETS Guidebook - <http://www.wintac.org/topic-areas/pre-employment-transition-services/resources/crp-guidebook>



PROVIDER'S NAME:

PROVIDER'S INVOICE #

: AUTHORIZATION #:

It is the responsibility of the provider to ensure that all provider invoice packets include proof of participation by a VR client in an authorized service. Proof of client participation can be met by submitting one or more of the following:

**A. Check document(s) being submitted**

- Client signed** time sheet (or)
- Client signed** progress report (or)
- Client signed** attendance sheet; (or)
- Client signed** provider invoice

**IF a provider is unable to submit one of the above, you must complete Section B below:**

B. Complete if no client signature documents are being submitted. Provide explanation for why provider was unable to obtain client signature:

- Check if client signature was not received

**(Explanation is subject to approval before payment is processed)**

I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such an agreement for the party I represent.

I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVRA/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.

**Participant's Signature:**

**Date:**

**Provider/Instructor's Signature:**

**Date:**



**APPENDIX H**

**Monthly Summary Report (Submit with Invoice)**

\_\_\_\_\_  
**Period Covered by this Report (Date Start – Date End)**

**GVRA Contract #** \_\_\_\_\_

**CONTRACTOR NAME:** \_\_\_\_\_

**FROM (Contractor Representative):** \_\_\_\_\_

**TO (VR Representative):** \_\_\_\_\_

**Narrative analysis of services provided to include by objective: staff activity, program progress, or any other phase of Contractor activity to assist the Agency in program evaluation: (use continuation pages as necessary)**

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Service Provider Signature    Date**

**APPENDIX I**

**Pre-ETS Activity Report**

(Must be submitted to VR Counselor(s) following each Activity/Event)

Activity/Event Date(s): \_\_\_\_\_

Activity or Event Name: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

---

Identify Pre-ETS Service Area for Activity/Event (select all that apply):

Job Exploration

Work-Based Learning

Workplace Training

Counseling on Post-Secondary Opportunities

Self-Advocacy

Describe how participants benefited from attending activity or event:

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General Comments (optional):

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Provider Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# **SECTION 5000**

## **GEORGIA ELIGIBLE TRAINING PROVIDERS**

- 5000 Academic Schools, Colleges, and Universities**
- 5001 Proprietary Schools**
- 5002 Vocational and Technical Schools**
- 5003 Inclusive Higher Education Skills Training**
- 5004 Employment Skills Training**

**5000.00 ACADEMIC SCHOOLS, COLLEGES, AND UNIVERSITIES**

**5000.01 Standards**

It is the policy of the Vocational Rehabilitation (VR) Program that all Academic Schools providing educational training programs must be:

- accredited by a nationally recognized accrediting agency or association cited in the Higher Education Directory AND
- meet the local requirements under the Local Workforce Development Area (LWDA).
- Schools must submit an appropriate application and be approved to become an Eligible Training Provider under Workforce Innovation and Opportunity (WIOA). See

<https://tcsg.edu/worksource/resources-for-practitioners/eligible-training-providers-list/>

The VR Field Staff must refer to the appropriate Academic Fee Schedule for University System of Georgia and private and out-of-state colleges and universities for the approved maximum allowable fees. (The Academic Fee Schedule is distributed to each region by the VR Provider Standards/Fiscal Services Unit.)

**Note: The Provider Relations Specialist approves providers in accordance with 5000.01.**

**5001.00 PROPRIETARY SCHOOLS**

**5001.01 Standards**

It is the policy of the Vocational Rehabilitation Program that all Proprietary Schools providing educational training programs must:

- Meet the local requirements under the Local Workforce Development Area (LWDA).
- Submit an appropriate application and be approved to become an Eligible Training Provider under Workforce Innovation and Opportunity (WIOA). See

<https://tcsgeu/worksource/resources-for-practitioners/eligible-training-providers-list/>

In addition:

Schools located within the State of Georgia requiring licensure by a state licensing board must be approved by the appropriate board.

Schools located within the State of Georgia not requiring licensure by a state licensing board must be approved by the **Georgia Nonpublic Postsecondary Education Commission**. This certificate is renewed annually. The NPEC ensure that each authorized college or school is educationally sound and financially stable.

**5001.02** Schools located outside the State of Georgia must be approved by the appropriate state licensing board.

**5001.03** VR Program Field Staff should refer to Provider Standards/Fiscal Services Unit for the approved maximum allowable fees.

**Note: The Provider Relations Specialist approves providers in accordance with 5001.02, 5001.03 or 5001.04**

**5002.00 VOCATIONAL AND TECHNICAL SCHOOLS**

**5002.01 Standards**

It is the policy of the Vocational Rehabilitation (VR) Program that all Vocational and Technical Schools providing educational training programs must be:

- accredited by the Department of Technical College System of Georgia (TCSG)
- or a nationally recognized accrediting agency
- or association listed in **Accredited Postsecondary Institutions and Programs**, published by the U.S. Department of Education.

In addition, must meet the local requirements under the Local Workforce Development Area (LWDA).

- Schools must submit an appropriate application and be approved to become an Eligible Training Provider under Workforce Innovation and Opportunity (WIOA). Refer to:

<https://tcsge.edu/worksource/resources-for-practitioners/eligible-training-providers-list/>

The VR Field staff should refer to the appropriate Academic Fee Schedule for Technical College System of Georgia and private, out-of-state colleges and universities. (The Academic Fee Schedule is distributed to each region by the VR Provider Standards/Fiscal Services Unit.)

**Note: The Provider Relations Specialist approves providers in accordance with 5002.01.**

## 5003.00 Inclusive Higher Education Skills Training

### 5003.01 Standards

It is the policy of Vocational Rehabilitation (VR) Program that all Inclusive Post- Secondary Education Programs providing educational training must be:

- Comprehensive Transition Program approved (CTP)

CTP defined in the Higher Education Opportunity Act (2008)

A. Comprehensive transition and postsecondary program mean a degree, certificate, non-degree, or non-certificate program that—

- (1) Is offered by a participating institution.
- (2) Is delivered to students physically attending the institution.
- (3) Is designed to support students with intellectual disabilities who are seeking to continue academic, career and technical, and independent living instruction at an institution of higher education in order to prepare for gainful employment.
- (4) Includes an advising and curriculum structure.
- (5) Requires students with intellectual disabilities to have at least one-half of their participation in the program, as determined by the institution, focus on academic components through one or more of the following activities:
  - Taking credit-bearing courses with students without disabilities.
  - Auditing or otherwise participating in courses with students without disabilities for which the student does not receive regular academic credit.
  - Taking non-credit-bearing, non-degree courses with students without disabilities.
  - Participating in internships or work-based training in settings with individuals without disabilities; and
- (6) Provides students with intellectual disabilities opportunities to participate in coursework and other activities with students without disabilities.

For more in-depth information please refer to <https://thinkcollege.net/>

**CTP are programs that have been through an approval process and can offer access to federal financial aid. GVRA may support students who are interested in Inclusive Post-Secondary Education Programs as a cost share with other financial providers. It is important to note that student will need to access federal financial aid.**

## **5004.00 EMPLOYMENT SKILLS TRAINING – Provider Guidelines**

### **5004.01 Description of Service**

Employment Skills Training (EST) refers to an individualized, time-limited course of study by a qualified instructor with certification in the specific skill area by industry standards. EST may be provided in a formal classroom or in a work environment. A certification or diploma is required at the end of skills training. Examples of employment skills training include, but are not limited to, forklift, warehouse, clerical/administrative support, custodial cleaning, nursing assistant, customer service, landscaping, hotel housekeeping and inventory/stocking. On-the-job training and volunteer situations may also be used. EST is not typically taught at a state university or technical school.

### **5004.02 Provider Information**

EST requires a formal written curriculum developed for each module referencing total instruction time and listing materials, tools, equipment, objectives, performance standards and responsibilities.

Each instruction module will include:

- Length of time
- Sequence of topics or areas to be covered.
- Materials, equipment and tools required.
- Minimum requirements to participate.
- Training objectives
- Performance standards to measure progress.
- Methods of instruction
- Requirements for course completion or extension
- Job related work behaviors that will be addressed in the course.
- Safety and health procedures related to the occupation.
- Occupational specific requirements i.e., licensure, certification
- Actual paid work to be performed as part of the training curriculum.

An Employment Skills Training Curriculum Evaluation Form is included in the Forms Appendix. See the memorandum for specific instructions on how to use the form.

### **5004.03 Provider Qualifications**

EST providers are required to meet the following qualifications as outlined in the Dictionary of Occupational Titles or The Occupational Information Network

(O\*NET) for the occupation in which the training is provided:

- Previous experience providing training in the specific skill area.
- Demonstrated competence in the occupational area defined.
- Approved list Georgia eligible training providers
  - WIOA regulations require funding to only approved providers. Providers of this service are to be approved and included on the Eligible Training Provider List (ETPL). Information can be found at: <https://tcsgeorgia.edu/worksource/resources-for-practitioners/eligible-training-providers-list/>

**Note: Qualifying Documentation- Providers will submit documentation to determine if they meet the standards for potential suppliers.**

*The PRS is responsible for determining if providers meet qualifications.*

#### **5004.04 Process for Outsourcing**

It is VR staff's responsibility to determine when Employment Skills Training services should be purchased.

#### **5004.05 General and Specific Standards**

##### **A. Timeliness**

A completed report must be received by VR staff within ten (10) working days of termination or completion of training. Progress report(s) will be required to show progressive development.

##### **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation Agency.

##### **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

##### **D. General Requirements**

**Mobility** – Consideration should be given to the participant's needs in determining an appropriate location.

**Available Materials** – A list will be submitted by prospective providers.

**Sample Product** – Providers will submit sample(s) of assessment reports, instructional reports and action plans to determine if participant needs are being met.

**E. Report**

At the end of the training period, the Provider will provide the Vocational Rehabilitation Counselor with a summary of the participant’s skill level (documented measurable skills gain and industry recognized credential) and includes any work behaviors that need to be addressed.

It is the provider’s responsibility to ensure that the information in the report is easily discernible to the users and is staffed with VR staff prior to meeting with the participant.

**Identifying Information**

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report
- Disability(s)

**Interventions** - Based on a person’s goals and skills, the employment setting, and the supports needed, assistive technology is provided within the context of reasonable accommodations.

**Achievement Level** - Based on the individual’s employment objectives the person should receive only those services, which help him/her, achieve the desired outcomes.

**F. Fee**

Maximum 16 weeks training to earn credential for skill.

**ETPL rates:**

Individual

\$50.00

**Non-ETPL Provider rates:**

Individual

\$35.00

WIOA regulations require funding to only approved providers. Providers of this service are to be approved and included on the Eligible Training Provider List (ETPL). Information can be found at: <https://tcsgeu/worksource/resources-for-practitioners/eligible-training-providers-list/>.

## GEORGIA ELIGIBLE TRAINING PROVIDERS

<b>5000 Georgia Eligible Training Providers (ETPL &amp; Non-ETPL)</b>				
Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>PRS does not recruit providers for services in this section</b>				
<b>Employment Skills Training ETPL</b>	<b>00321</b>	<b>\$50.00</b>	<b>Hour</b>	<b>N/A</b>
<b>Employment Skills Training Non-ETPL</b>	<b>05620</b>	<b>\$35.00</b>	<b>Hour</b>	<b>N/A</b>
<p><b>Definition of Service:</b> Employment Skills Training (EST) refers to an individualized, time-limited course of study by a qualified instructor with certification in the specific skill area by industry standards. EST may be provided in a formal classroom or in a work environment. A certification or diploma is required at the end of skills training; documenting measurable skills gain and/or credential. Examples of employment skills training include, but are not limited to, forklift, warehouse, clerical/administrative support, custodial cleaning, nursing assistant, customer service, landscaping, hotel housekeeping and inventory/stocking. On-the-job training and volunteer situations may also be used. EST is not typically taught at a state university or technical school. WIOA regulations require funding to only approved providers. Providers of this service are to be approved and listed on the Eligible Training Provider List (ETPL). Information can be found at:  <a href="https://www.tcsg.edu/worksource/resources-for-practitioners/eligible-training-providers-list/">https://www.tcsg.edu/worksource/resources-for-practitioners/eligible-training-providers-list/</a>  <b>NOTE: Maximum 16 weeks training to earn credential for skill.</b></p>				
<b>Travel provisions not allowed for this service</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement AND Client Signature is Required on Sign In Sheet with dates of service and in/out time</b>				
<b>Provider Guidelines Manual Reference#: 5004.00</b>				

# **SECTION 6000**

## **EMPLOYMENT SKILLS DEVELOPMENT**

**6000 Workplace Readiness**

**6001 Career Orientation/Job**

### **Sampling**

**6002 Community Based Work Adjustment  
Training**

**6003 Job Development and Placement Services**

**6004 Job Coaching**

**6005 Individual Job Placement Services**

**6006 Supported Employment (TSE)**

**6007 Individual Placement Services and  
Support (IPS)**

**6008 Customized Supported Employment  
(CSE)**

## **6009 Project Search**

**Appendix K – Sample Traditional Supported Employment Invoice**

**Appendix L – Sample Customized Supported Employment Invoice**

**Appendix M – Sample Project Search Invoice**

**Appendix N – Supported Employment Monthly Progress Report**

**Appendix O – Supported Employment Service Identification and  
Agreement Form**

**Appendix P – Supported Employment Extended Services Plan**

## **6000.00      **WORKPLACE READINESS – Provider Guidelines****

### **6000.01      **Description of Service****

Workplace readiness is a short-term service designed to develop or re-establish personal and social behaviors designed to enhance an individual’s employability. It also prepares persons with significant sensory, cognitive or physical disabilities to navigate their environment and work site to enable the individual to meet their vocational goals. Training includes instruction and practical experiences and can be provided individually or in small groups, no more than ten unless authorized.

### **6000.02      **Information for Providers****

Services may include but are not limited to the following:

- Interpersonal Skill Development
- Methods of Appropriate Communication
- Sexual Awareness and Appropriateness
- Personal Grooming and Hygiene
- Community Living
- Travel Training
- Money Management
- Decision Making/Problem Solving
- Health and Medicine Management
- Understanding of Self and Abilities
- Identifying, planning and providing the supports a person needs to achieve and maintain employment.

Persons with functional limitations may have a number of factors that could affect their learning:

- Life patterns that are altered and interrupted by the onset of a disability
- A reluctance to leave or alter a familiar environment
- A questionable sense of self-worth
- Mental or cognitive limitations requiring adaptive training for independent living (i.e., TBI, MR, stroke)
- Rigidity in lifestyle
- The need to cope with their own and others’ stereotyped views of disability.

A functional assessment of the individuals functioning level AND an individualized instruction plan is needed to identify workplace readiness services. This comprehensive plan could include instructional classroom activities in small groups or individual instruction and may address:

- Personal/social skills
- Decision making in daily life activities.
- Work attitudes and skills exploration
- Exercising informed choice
- Ambulation of the environment
- Problem solving and resource utilization, including adaptive equipment
- Knowledge about the rights and responsibilities associated with employment

### **6000.03 Provider Qualifications**

Providers must meet one of the following:

- A. Bachelor's degree in rehabilitation and disability studies or a counseling-related field that may include, but is not limited to degrees in education, special education, social work or psychology and one-year experience linking with community resources, special education or instruction.
- B. An associate degree in a vocationally related field, such as, but not limited to degrees in rehabilitation, education, special education, social work or psychology and two years of experience in counseling, linking with community resources, special education or instruction.
- C. An individual with one year of experience who works under the direct, on-site supervision of an individual with a bachelor's degree as listed above.

**Note: Qualifying Documentation - Providers will submit documentation to determine if they meet the standards for potential suppliers.**

**The PRS is responsible for determining if providers meet qualifications.**

## **6000.04 Process for Outsourcing**

It is VR staff's responsibility to determine when Workplace Readiness Training services should be purchased. The counselor will authorize those services needed by an individual to prepare for work.

## **6000.05 General and Specific Standards**

### **A. Timeliness**

Provider must notify counselor within five (5) business days from receipt of referral whether they will accept referral. Provider will give counselor an approximate begin date of services. A proposal for time frames and frequency of instruction and progress reports should be included in the report, and should be agreed to before the purchase of services.

Workplace Readiness time frames are individualized, and monthly progress reports will be required to show progressive development. If the report shows no skill gain or improvement the service will be discontinued as other services may be more appropriate.

A final report must be received by VR staff within ten (10) business days of completion of services.

### **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation agency.

### **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

### **D. General Requirements**

**Mobility** - Consideration should be given to the participant's needs in determining an appropriate location for providing services.

**Training/Service Materials** - Providers will submit a list of training/service materials that will be used in providing this service.

**Sample Product** - Providers will submit sample(s) of training reports and action plans.

### **E. Report**

It is the provider's responsibility to ensure that the information in the report. Is easily discernible and specific to the users and is staffed with VR staff prior to meeting with the participant. All reports must be signed by the provider.

### **Identifying Information**

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report
- Disability(s)
- Job goal (must agree with VR Work Plan)

**Interventions** - Based on a person's goals and skills, the employment setting, and the supports needed, assistive technology is provided within the context of reasonable accommodations.

**Achievement Level** - Based on the individual's employment objectives, the participant should receive only those services, which help him/her, achieve the appropriate desired outcomes.

### **F. Fee**

Maximum 3 months for this service  
\$45.00, maximum 20 hours per week

## EMPLOYMENT SKILLS DEVELOPMENT

<b>6000 Employment Skills Development</b>				
Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Workplace Readiness Group</b>	<b>00475GRP</b>	<b>\$35.00</b>	<b>Hour</b>	<b>N/A</b>
<b>Workplace Readiness Individual In Service Area</b>	<b>00475WPR</b>	<b>\$45.00</b>	<b>Hour</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Workplace Readiness Virtual</b>	<b>00475VRT</b>	<b>\$30.00</b>	<b>Hour</b>	<b>N/A</b>
<b>Workplace Readiness Out of Service Area</b>	<b>00475OSA</b>	<b>\$67.50</b>	<b>Hour</b>	<b>&gt;61 miles one way to deliver service</b>
<p><b>Definition of Service:</b> Workplace readiness is a short-term service designed to develop or re-establish personal and social behaviors designed to enhance an individual’s employability. It also prepares persons with significant sensory, cognitive or physical disabilities to navigate their environment and work site to enable the individual to meet their vocational goals. Training includes instruction and practical experiences and can be provided individually or in small groups.</p>				
<p><b>NOTE: Maximum 3 months for this service, maximum 20 hours per week.</b></p>				
<p><b>All associated costs included in service rate</b></p>				
<p><b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement AND Client Signed Timesheet or Signed Sign In Sheet</b></p>				
<p><b>Provider Guidelines Manual Reference#: 6000.00</b></p>				

## **6001.00 CAREER ORIENTATION/JOB SAMPLING – Provider Guidelines**

### **6001.01 Description of Service**

Job Sampling is a time-limited opportunity of job observation and/or job tryout(s) at an employment site in order to assist the participant in choosing an appropriate employment goal consistent with aptitudes and interests as determined by participant feedback, informed choice and instructor observation. The participant is involved in the selection of the work sites and types of job duties to participate.

### **6001.02 Provider Information**

Job Sampling is individualized and time limited. The services may include:

- Observation
- Follow-up
- Career counseling
- Job Coaching

Job Sampling may include but is not limited to the objective observation of the following work behaviors:

- response to supervision
- physical capacities and job tolerance
- quality and quantity of work
- ability to utilize criticism and instruction.
- attendance and punctuality
- co-worker relationships
- initiative
- safety awareness
- communication skills
- accepting of job assignments
- problem solving/decision making skills.
- application of functional skills
- mobility
- use of accommodations or job site modifications
- transportation accessibility

### **6001.03 Provider Qualifications**

Job Sampling providers must meet one of the following qualifications:

- A. A bachelor's degree in rehabilitation and disability studies or related field that may include, but is not limited to degrees in rehabilitation, education, special education, social work or psychology.
- B. An Associate's degree in a vocationally related field, such as, but not limited to degrees in rehabilitation, education, special education, social work or psychology and two (2) years of experience linking with community resources, special education or instruction
- C. Three (3) years of experience linking with the community resources, special education, instruction, vocational evaluations and/or assessments.

**Note: Qualifying Documentation - Providers will submit documentation to determine if they meet the standards for potential providers.**

**The PRS is responsible for determining whether providers meet qualifications.**

### **6001.04 Process for Outsourcing**

It is VR staff's responsibility to determine when Job Sampling should be purchased.

### **6001.05 General and Specific Standards**

#### **A. Timeliness**

The Provider must notify VR staff within five (5) business days regarding whether or not they will accept the referral.

If work behavior deficits are identified within the initial ten (10) days of Job Sampling, service is to cease, and the VR counselor notified verbally and then in a written report.

The completed report must be received by the VR counselor within ten. (10) business days of completion or termination of Job Sampling.

## **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation Agency.

## **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

## **D. General Requirements**

**Mobility** - Consideration should be given to the participant's needs in determining an appropriate location.

**Available Materials** - A list should be submitted from prospective providers delineating various training materials, which they use in providing Job Sampling Service.

## **E. Report**

A completed report identifying barrier solutions, analysis of physical capacities, work habits, work behaviors and functional skills. The report will also list possible vocational options and recommended interventions.

It is the provider's responsibility to ensure that the information in the report is easily discernible to the users. All reports must be signed by the provider, live or electronically.

## **Identifying Information**

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report
- Disability(s)
- Job goal (must agree with VR Work Plan)

**Interventions** - Based on a person’s goals and skills, the employment setting, and the supports needed, assistive technology is provided within the context of reasonable accommodations.

**Evaluation Results** - Participant’s previous training, if any, along with beginning and current levels of skill present.

**Achievement Level** - Based on the individual’s employment objectives the person should receive only those services, which help him/her, achieve the desired outcomes.

**F. Fee**

\$37.00 per hour

Maximum of four different jobs may be sampled during the one-month period.

Maximum for the month \$1,480 for 2 hours per day.

Maximum for the month \$2,960 for 4 hours per day.

**EMPLOYMENT SKILLS DEVELOPMENT**

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
Career Orientation / Job Sampling	00360	\$37.00	Hour	N/A
<p><b>Definition of Service:</b> Job Sampling is a time-limited opportunity of job observation and/or job tryout(s) at an employment site to assist the participant in choosing an appropriate employment goal consistent with aptitudes and interests as determined by participant feedback, informed choice, and instructor observation. The participant is involved in the selection of the work sites and types of job duties to participate.            NOTE: Maximum of 4 different jobs may be sampled during the one-month period.</p> <p style="text-align: center;"><b>Maximum for month of \$1,480 or 2 hours a day.            Maximum for month of \$2960.00 or 4 hours a day.</b></p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement AND Client Signed Timesheet or Signed Sign In Sheet</b>				
<b>Provider Guidelines Manual Reference#: 6001.00</b>				

## **6002.00 (COMMUNITY BASED WORK ADJUSTMENT) – Provider Guidelines**

### **6002.01 Description of Service**

Community BASED Work Adjustment Training (CWAT) is a time-limited, individualized process that assists participants seeking employment to develop or reestablish work habits and behaviors, quality and quantity of work, personal and social skills, functional capacities, and attitudes appropriate to employment. These services utilize realistic work tasks to develop on-the-job behavior skills, proper work habits skills, interpersonal skills, work-related communication skills and to increase stamina. Businesses may refer to this as an internship.

(CWAT) is provided in an integrated work setting in the Community.

Note: While the VR participant is participating in CWAT, the Provider will ensure that liability insurance for Worker's Compensation coverage is provided for the participant, and the participant receives compensation in compliance with Department of Labor Minimum Wage and Hour requirements.

### **6002.02 Provider Information**

CWAT services may include skills development in the following areas but are not limited to:

- Attendance and punctuality
- Appropriate dress and grooming
- Following directions
- Learning and performing different work tasks
- Staying on task
- Relationships with co-workers and supervisors
- Quantity and quality of work
- Job tolerance and stamina
- Adhering to work rules and safety procedures
- Reporting problems to supervisors
- Interaction with the public
- Transportation arrangements
- Work related communication.

### **6002.03 Provider Qualifications**

CWAT providers must meet one of the following qualifications:

- A. A bachelor's degree in rehabilitation and disability studies or a related field that may include, but is not limited to degrees in rehabilitation, education, special education, social work or psychology and one-year experience linking with community resources, special education or instruction
- B. An associate degree in a vocationally related field, such as, but not limited to degrees in rehabilitation, education, special education, social work or psychology and two years of experience in counseling, linking with community resources, special education or instruction.
- C. Two years of experience in case management, linking with community resources, special education, instruction, vocational evaluations and/or assessments AND an individual who works under the direct, on-site supervision of an individual with a Bachelor's degree as listed above

**Note: Qualifying Documentation - Providers will submit documentation to determine if they meet the standards.**

**The PRS is responsible for determining if providers meet qualifications.**

### **6002.04 Process for Outsourcing**

It is VR staff's responsibility to determine when Community Based Work Adjustment training services should be purchased.

### **6002.05 General and Specific Standards**

#### **A. Timeliness**

CWAT time frames are individualized. CWAT progress reports are mandatory on a monthly basis staffing with a Vocational Rehabilitation Counselor is recommended.

## **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation Agency/Vocational Rehabilitation Program.

## **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

## **D. General Requirements**

**Mobility** - Consideration should be given to the participant's needs in determining an appropriate location for providing services.

**Training/Service Materials - Providers** will submit a list of training/service materials that will be used in providing this service.

**Sample Product - Providers** will submit sample(s) of progress reports and action plans to determine if participant needs are being met.

## **E. Report**

It is the provider's responsibility to ensure that the information in the report is easily discernible to the users and is staffed with VR staff prior to meeting with the participant. All reports must be signed by the provider.

## **Identifying Information**

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report
- Disability(s)
- Job goal (must agree with VR Work Plan)

**Interventions:**

Based on a participant's Individualized Plan for Employment, the employment setting, and the supports needed, assistive technology is provided within the context of reasonable accommodations.

**Evaluation Results:**

Participant's progress with training, summary of skills addressed and improved if any along with beginning and current levels of skills present must be reported monthly for the service to continue.

**Achievement Level:**

Based on the individual's employment objectives, the participant should receive only those services, which help him/her, achieve the desired outcomes.

**F. Fee**

Compensation for services is for a maximum of 3 months, "during the life of the case." Billing for this service is not to exceed 6 hours a day at \$14.39 hourly or minimally \$7.25 paid directly to the participant.

## EMPLOYMENT SKILLS DEVELOPMENT

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Community Based Work Adjustment Training</b>	<b>00202</b>	<b>\$14.39</b>	<b>Hour</b>	<b>N/A</b>
<p><b>Definition of Service:</b> Community BASED Work Adjustment Training (CWAT) is a time-limited, individualized process that assists participants seeking employment to develop or reestablish work habits and behaviors, quality and quantity of work, personal and social skills, functional capacities, and attitudes appropriate to employment. These services utilize realistic work tasks to develop on-the-job behavior skills, proper work habits skills, interpersonal skills, work-related communication skills and to increase stamina. Businesses may refer to this as an internship.</p> <p><b>Note:</b> While VR client is participating in this training, the Provider will ensure that liability insurance for Worker’s Compensation coverage is provided for the client, and the client receives a training stipend in compliance with Department of Labor Minimum Wage and Hour requirements.</p> <p>Compensation for services is for a maximum of 3 months. Billing for this service is NTE 6 hours a day at \$14.39 hourly or minimally \$7.25 paid directly to the client.</p>				
<b>Travel provisions not allowed for this service.</b>				
<p><b>Payment Processing Required Documentation:</b> Signed Invoice with Attestation Statement to include, employer name, job assignment, date of service, in/out time, total number of hours and client signature</p>				
<b>Provider Guidelines Manual Reference#: 6002.00</b>				

**6003.00 JOB DEVELOPMENT AND PLACEMENT SERVICES – Provider Guidelines (CSPM 424.0.00)**

**6003.01 Description of Service**

Job Development and Placement Services are an individualized approach to develop an employment opportunity based on the unique skills and abilities that facilitate the orderly transition of a participant from training to an entry-level position in competitive integrated employment that last beyond 90 days.

**6003.02 Provider Information**

Job Development and Placement Services may include but are not limited to:

- Job development
- Job search
- Job placement
- Job retention
- Employer training

**6003.03 Provider Qualifications**

Providers delivering Job Placement and Development Services must possess one of the following qualifications:

- A. The Provider must have current accreditation from its accrediting agency in:
- Community Employment Services: Job Development and Job Site Training under CARF; or
  - Vocational Rehabilitation Services that include job site development and job placement under NAC.

**Note: Qualifying Documentation – Providers will submit documentation to determine if they meet the standards for potential providers.**

**The PRS is responsible for determining whether providers meet qualifications.**

**6003.04 Process for Outsourcing**

It is the VR counselor’s responsibility to determine when Job Development and Placement Services should be purchased. The VR Counselor is in charge of the participant’s case and determines if the participant needs the service and with the participant, identifies the job goal best appropriate for the participant.

All participants considered for job development and placement must be VR

clients/participants who have been referred to the Provider receiving other service(s) from the Provider.

The Provider will provide to the VR Counselor notification of job/position acquired and wage and benefits at job start and at 90 days.

There must be a single point of contact for the employer, either the Provider or a VR staff member.

Job Development and Placement Service is not intended for participants in Supported Employment service, which is a significantly different service.

A referral for Job Development and Placement Services can only be made once within an eighteen-month period.

Participants who are not able to maintain employment for 90 days will be assisted again at no additional charge. The VR Counselor can discontinue this service at any time, if determined appropriate.

Job Coaching may be available to support Job Development and Placement services, if referred and authorized by the VR Counselor.

## **6003.05 General and Specific Standards**

### **A. Timeliness**

Supporting documentation must be submitted with the monthly invoice by the 10<sup>th</sup> calendar day of the following month. The provider must have a written policy, which incorporates those terms contained in VR policy.

### **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation Agency (GVRA).

### **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation

has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information see

Section

1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

### **D. Report**

A Monthly Placement Progress Report must be submitted to the VR Counselor by

the 10<sup>th</sup> calendar day of the following month, or when a significant event has occurred.

## **E. General Requirements**

**Mobility - Consideration** should be given to the participant's needs in determining an appropriate location for providing job placement.

**Training/Service Materials - Providers** will submit a list of training/service materials that will be used in providing this service.

**Sample Product - Providers** will submit sample copies of employment plans, employment reports and retention reports.

## **F. Report**

It is the provider's responsibility to ensure that the information in the report is easily discernible to the users and is staffed with VR staff prior to meeting with the participant. All reports must be signed by the provider.

## **Identifying Information**

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report
- Disability(s)
- Monthly reports
- Share names and businesses of hiring manager contacted.
- Number of interviews secured.
- List of job titles pursued on participant's behalf.

## **After Job Start Report Employment Information**

- Business Name
- Job location and Phone number
- Job Title
- Wages
- Benefits
- Start Date

**Interventions** - Based on a participant's goals and skills, the training site, and the

supports needed, assistive technology is provided within the context of reasonable accommodations.

**Achievement Level** - Based on the individual’s employment objectives, the participant should receive only those services, which help him/her, achieve the desired outcomes.

**G. Fee**

The milestone fees are non-negotiable.

\$750.00 at job start.

After 90 days of employment provider can also invoice for \$2,000

**EMPLOYMENT SKILLS DEVELOPMENT**

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Job Development &amp; Placement Services</b>	None	None	A. Placement at the <u>same</u> CWAT Site where the client has been receiving work adjustment training from same provider	N/A
	00260	\$750.00	Paid at Job Start: Placement at a business other than at the CWAT site listed in A.	N/A
	00262	\$2,000.00	Retention/Successful closure after 90 days	N/A
<p><b>Definition of Service:</b> Job Development and Placement Services are an individualized approach to develop an employment opportunity based on the unique skills and abilities that facilitate the orderly transition of a participant from training to an entry-level position in competitive integrated employment that last beyond 90 days.</p> <p><b>Client Compensation:</b> The client’s compensation must be in accordance with the Fair Labor Standards Act.</p> <p><b>Note:</b> The milestone fees are non-negotiable.</p>				
<b>Travel provisions not allowed for this service.</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement</b>				
<b>Provider Guidelines Manual Reference#: 6003.00</b>				

**6004.00**      **JOB COACHING – Provider Guidelines**  
(CSPM 420.00)

**6004.01 Description of Service**

Job Coaching is a set of intensive one-on-one services in a competitive integrated work setting including job-task analysis, job training, job behavior management, developing natural supports and employer relationship, which are needed to ensure participant job retention.

**NOTE: Short Term Job Coaching can be paired with CWAT but not with Workplace Readiness or Supported Employment.**

**6004.02 Provider Information**

Job Coaching is provided on-site and includes one-on-one training with direct instruction for:

- Specific job tasks
- Developing appropriate work behaviors
- Use of transportation
- Communication with supervisors and co-workers
- Appropriate use of meal and break times.

**6004.03 Provider Qualifications**

Job Coaching providers must have a minimum of a high school diploma or GED and the following:

- A. Successfully completed a higher education course in a counseling-related field that may include, but is not limited to rehabilitation, education, special education, social work or psychology, or
- B. Two years documented experience as a Job Coach of persons with disabilities

**Note: Qualifying Documentation – Providers will submit documentation to determine if they meet the standards for potential suppliers.**

**The PRS is responsible for determining whether providers meet qualifications.**

#### **6004.04 Process for Outsourcing**

It is VR staff's responsibility to authorize Job Coaching services for a specific length of time. Extended Job Coaching hours may be considered after consultation and receipt of supporting documentation from provider and employer.

#### **6004.05 General and Specific Standards**

##### **A. Timeliness**

Provider must notify counselor within five (5) business days regarding whether they will accept referral. A written report will be required monthly documenting progress and skill attainment. If service lasts less than a month, a report must be submitted within ten (10) days following service completion.

##### **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation Agency.

##### **C. Criminal record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

##### **D. General Requirements**

**Mobility** - Training could be provided in various community businesses.

**Reports - Providers** will submit assessment reports, training reports and action plans to determine if participant needs are being met.

##### **E. Report**

It is the provider's responsibility to ensure that the information in the report is easily discernible to the user and is staffed with VR staff prior to meeting with the participant. All reports must be signed by the provider.

## **Identifying Information**

- Participant Name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, and Report Date
- Disability(s)
- Signed by Job Coach

**Interventions** - Based on a person's goals and skills, the employment setting, and the supports needed, assistive technology is provided within the context of reasonable accommodations.

**Achievement Level** - Based on the individual's employment objectives the person should receive only those services, which help him/her, achieve the desired outcomes.

### **F. Fee**

100 Hours maximum at hourly rate of \$40.00.

## EMPLOYMENT SKILLS DEVELOPMENT

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Job Coaching - Individual In Service Area</b>	<b>00171</b>	<b>\$40.00</b>	<b>Hour</b>	<b>&lt;60 miles one way to deliver service</b>
<b>Job Coaching Out of Service Area</b>	<b>00171-OSA</b>	<b>\$60.00</b>	<b>Hour</b>	<b>&gt;61 miles one way to deliver service</b>
<b>Job Coaching Virtual</b>	<b>00171VRT</b>	<b>\$30.00</b>	<b>Hour</b>	<b>Remote</b>
<p><b>Definition of Service:</b> Job Coaching is a set of intensive one-on-one services in a competitive integrated work setting including job task analysis, job training, job behavior management, developing natural supports and employer relationship, which are needed to ensure participant job retention.</p> <p><b>NOTE: Short Term Job Coaching can be paired with CWAT, but not with Workplace Readiness or Supported Employment. Max 100 hrs.</b></p>				
<b>All associated costs included in service rate</b>				
<b>Payment Processing Required Documentation: Signed Invoice with Attestation Statement to include, date of service, in/out time, total number of hours spent with client during job coaching session and client signature</b>				
<b>Provider Guidelines Manual Reference#: 6004.00</b>				

## **6005.00 INDIVIDUAL JOB PLACEMENT SERVICES – Provider Guidelines**

### **6005.01 Description of Service**

Individual Job Placement Services are an individualized approach to locating employment opportunities and assisting clients obtain employment that is consistent with the Individualized Plan for Employment and informed choice.

This service is not required to be coupled with any other VR service(s) and is not appropriate for any supported employment (SE) case.

### **6005.02 Provider Information**

Providers delivering individual job placement services will meet with a referred client, review their IPE and proceed with identifying employment opportunities. It is expected that providers will assist the referred client in securing employment within 90 days of the referral date as well as provide follow up services to ensure client maintains employment for 90 days.

Providers who fail to meet the 90-day employment requirement must initiate a meeting with the client and counselor to determine next steps and whether it is appropriate for the provider to continue service delivery. If determination is made to end service before placement, counselor will notify Provider Management to evaluate if service remains in provider agreement.

Individual Job Placement Services may include but are not limited to:

- Job Search
- Preparing and submitting applications
- Creating Resume appropriate for job applications
- Successful interview techniques
- Contacting employers to develop or identify job opportunities.
- Scheduling and confirming interview appointments.
- Accompanying client on interviews, if needed
- Providing client feedback after interviews if not selected
- Follow-Up after placement for a minimum of 90 days
- Secure employment documentation (according to VR policy)

### **6005.03 Provider Qualifications**

Providers delivering Individual Job Placement services must possess one of the following qualifications AND have successful client employment outcomes:

- Community Employment Services: Job Development and Job Site Training under CARF; or
- Vocational Rehabilitation Services that include job site development and job placement under NAC (**NAC is now AER** Association for the Education of the Blind and Visually Impaired); or
- CESP – Certified Employment Support Professional; or
- Minimum of 5 years professional experience assisting individuals with disabilities obtain competitive integrated employment; or
- Agency may evaluate a providers’ experience and credentials to determine eligibility for this service using additional criteria.

**Note: Qualifying Documentation – Providers will submit documentation to determine if they meet the standards for potential suppliers.**

**The PRS is responsible for determining whether providers meet qualifications.**

### **6005.04 Process for Outsourcing**

It is VR staff’s responsibility to authorize Individual Job Placement services to approved and qualified providers.

### **6005.05 General and Specific Standards**

#### **A. Timeliness**

Provider must notify counselor within five (5) business days regarding whether they will accept referral. A 90-day Employment Strategy report must be submitted to the VR Counselor within 5 days of referral.

#### **B. Liability**

The provider must present a certificate of insurance as defined in the contract or Provider Service Agreement as required by the Georgia Vocational Rehabilitation Agency.

### **C. Criminal record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

### **D. General Requirements**

**Mobility** - Training could be provided in various community businesses.

**Reports - Providers** will submit assessment reports, training reports and action plans to determine if participant IPE needs are being met.

### **E. Report**

It is the provider's responsibility to ensure that the information in the report is easily discernible to the user and is staffed with VR staff prior to meeting with the participant. All reports must be signed by the provider.

### **Identifying Information – Must be included with the second payment or final invoice.**

- Business Name
- Job Location
- Telephone Number
- Job Title
- Proof of Wages
- Description of work including benefits if applicable
- Description of how client job goal was met.
- Employment Start Date

**Interventions** - Based on a person's goals and skills, the employment setting, and the supports needed, assistive technology is provided within the context of reasonable accommodations.

**Achievement Level** - Based on the individual's employment objectives the person should receive only those services, which help him/her, achieve the desired outcomes.

**F. Fee**

\$750.00 paid at Referral.

\$2000.00 after successful closure after 90 days

**First Payment** – payable to provider when referral accepted. Covers all work associated with identifying and obtaining employment for client.

Work includes but is not limited to:

- Development of a 90 Day Employment Strategy and submit to the VR. counselor referring client within 5 days of referral.
- Client, Counselor & Provider meeting(s)
- IPE goals shared.
- Assists with Job searching.
- Identify potential Employment options.

All employment must meet the WIOA definition for CIE (See attached link to the 10/29/21 revised RSA FAQs re: CIE Definition: [RSA revised CIE Definition FAQ](#))

- Develop and/ assist with updating resume as appropriate for employment opportunity
- Assist with preparing, reviewing and submitting job applications.
- May visit worksite with client if requested.
- Employment must be in a competitive integrated environment.

**The following information must be included with the Second Payment or Final invoice:**

- Business Name
- Job Location and Phone number
- Job title
- Proof of wages
- Description of work including benefits if applicable
- Description of how client job goal was met.
- Employment start date

**Second Payment** - After 90 days of employment, provider can submit invoice for a final payment. Final payment will be determined by client hourly wages and achievement of client IPE job goal at the following rate: \$2,000.00

**NOTE:** If employment fails to last 90 days or it is apparent that the employment opportunity selected is not a good match for the client, then the provider can be paid an additional \$350.00 to assist the client further in obtaining another employment opportunity. This additional fee is only available once per client per conditions below:

**If the additional fee is authorized**, the provider is required to include a statement with the final invoice explaining why the first position selected was not successful and what corrective steps were taken to find a more suitable position to ensure success if selected again for the service. A unique code has been created for the **additional fee**. Provider Management will track expenditures to all Providers who invoice for this fee to monitor:

- If Provider is using the fee routinely to increase their pay for the service
- If Provider is referring clients to different employers, for different employment opportunities
- Track the number of requests submitted by provider and the time period; etc.

**Note:** Continued use of this code will be used to evaluate provider outcome and determine if service remains in provider agreement.

#### **Additional Payment Available:**

**Providers who assist clients obtain employment (CIE) that meet their IPE, and last more than 90 days and falls into one of the Occupations listed by TCSG (Technical College System of Georgia) will be eligible for an additional \$80.00 fee that can be approved by VR counselors. The list represents the occupations in each of Georgia's key industries that are in-demand, pay an above-average entry-level wage, and considered strong options for pursuing a successful career in Georgia. See attached link for positions, qualifications, etc. that fall into this category for consideration:**

[HDCI Occupations List – TCSG | Technical College System of Georgia](#)

#### **Outcome:**

Provider success is determined by:

- Employment obtained meets client IPE.
- Job starts within 90 days of receipt of referral.
- Sustainable employment leading to successful career.
- Flexible and willing to be creative in identifying employment opportunities for client.
- Maintain good working relationship with VR counselor.
- Timely and thorough completion of all documents required for service.
- Use of additional fee

Providers who fail to meet the **employment outcomes** will be evaluated and a determination made as to whether or not they meet the requirements to continue delivering the service.

## Individual Job Placement Services

Service	Service Item Code	Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Individual Job Placement Services</b>	<b>00270</b>	<b>\$750.00</b>	<b>Paid at Referral</b>	Payable to provider when referral accepted. Covers all work associated with identifying and obtaining employment for client.
	<b>00273</b>	<b>\$2,000.00</b>	<b>Successful Closure after 90 days</b>	<b>N/A</b>
	<b>00274</b>	<b>\$350.00</b>	If employment fails to last 90 days or it is apparent that the employment opportunity selected is not a good match for the client, and then the provider can be paid an additional \$350.00 to assist the client further in obtaining another employment opportunity. This additional fee is only available once per client per conditions below:	<p>This additional fee is only available once per client per conditions below: Additional fee must be authorized by VR counselor in advance of invoicing</p> <p>Additional fee is only available once per client.</p> <p>The additional fee is not eligible after the 90th day of client employment and, can only be requested after the 1st position ends (prior to 90 days).</p>
	<b>00275</b>	<b>\$80.00</b>		Employment falls into one of the Occupations listed by TCSG (Technical College System of Georgia) will be eligible for an additional \$80.00 fee that can be approved by VR counselors. The list represents the occupations in each of Georgia's key industries that are in demand, pay an above-average entry level wage, and considered strong options for pursuing a successful career in Georgia.

**Definition of Service:** Individual Job Placement Services are an individualized approach to locating employment opportunities and assisting clients obtain employment that is consistent with the Individualized Plan for Employment and informed choice. This service is not required to be coupled with any other VR service(s) and is not appropriate for any supported employment (SE) case.

**Client Compensation: The client's compensation must be in accordance with the Fair Labor Standards Act. Travel Provisions not allowed for this service.**

**Travel provisions not allowed for this service.**

**Payment Processing Required Documentation: Signed Invoice with Attestation Statement**

**Provider Guidelines Manual Reference#: 6005.00**

**6006.00 SUPPORTED EMPLOYMENT – Provider Guidelines**  
(CSPM 416.0.00)

Supported Employment is competitive integrated employment for individuals with the most significant disabilities for whom integrated competitive employment has not traditionally occurred or for whom integrated competitive employment has been interrupted or intermittent as a result of a significant disability; and who, because of the significance of their disability, need intensive support services; and extended support services in order to perform such work.

Supported Employment services include planned support activities including intensive on-going supports which are required to assist an individual to learn his or her job duties and work site behaviors in an integrated competitive position, based on the participant’s needs as specified in the Vocational Rehabilitation Plan for Supported Employment.

Unless dictated by participant need, Vocational Rehabilitation involvement is intended to be a maximum of twenty four (24) months for adults (over 24 years of age) and can be up to forty-eight (48) months for youth (participants not in school over the age of 14 under the age of 24) following job start on a supported work site.

GVRA/VR utilizes three models of supported employment – traditional supported employment services (TSE), individual placement and support (IPS), and customized supported employment (CSE). In addition to these three models GVRA/VR participates with multiple Project Search sites across the state. To support this service delivery model GVRA/VR utilizes traditional supported employment in conjunction with the Project Search internship model.

**6006.01 Description of Service for Model 1 – Traditional Supported Employment (TSE)**

Traditional Supported Employment (TSE) is used for participants who qualify for supported employment services and are in need of intensive job coaching, ongoing supports and extended supports.

**6006.02 Provider Information**

There are five phases to Traditional Supported Employment.

1. ***Services Identification:*** The Vocational Rehabilitation Counselor, the participant and the SE provider shall meet to discuss the SE process and projected outcomes. This meeting identifies the activities that may be involved, responsibilities of each party, the participant’s support needs, natural supports and any additional information that contributes to a successful employment outcome.

**NOTE:** If it is identified that the participant does not need intensive job coaching and/or on-going supports – the participant may not need supported employment services and the plan may need to be for short-term individualized job development with supports.

2. **Individualized Job Development:** The provision of individualized job development entails developing employment opportunities based on identifying the needs of employers that match the job seeker’s contributions, interests and conditions for employment. Armed with the knowledge about the participant learned during a Needs Analysis, the Supported Employment provider identifies job tasks and work cultures that fulfill the criteria for a successful job match.

Upon identifying a potential job match, the Supported Employment provider conducts a meeting with the employer and job seeker to negotiate a job description, job supports and terms of employment (hours, pay, etc.) Employment must:

- Be consistent with the Vocational Rehabilitation Individualized Plan for Employment. A plan amendment maybe necessary if the job seeker identifies a different job goal during the process.
- The position must be with a business that offers pay equivalent to co-workers, at or above minimum wage and is located with those peers.

3. **Training and Initiation of Ongoing Supports:**

A. Following job development and job start, intensive on-site job coaching takes place on the job by skilled job trainers: assisting the participant in new employee orientation, learning the assigned job tasks, implementing needed accommodations, addressing workplace behaviors, understanding employer expectations and understanding interpersonal skills in the workplace. This phase begins on the first day the participant is on the employer’s payroll and is in training with the job coach.

- Job Coaching should take into consideration workplace accommodations that maximize the participant’s potential and learning style.
- Supported Employment provider will notify the VR Counselor if Assistive Work Technology services are needed to address potential workplace accommodations; or if uniforms or workplace tools are necessary.
- The participant is in training status until they have reached stabilization – which is determined by the participant, the SE provider and the VR counselor.
- Monthly progress reports are provided to the VR Counselor documenting services provided, the barriers and successes in the workplace, and number of hours and type of coaching provided.

B. Ongoing Supports are initiated at job start and continue to be provided by the SE professional after the participant is stabilized and no longer requires intensive job coaching services. Ongoing Supports are provided at a minimum of two visits per month at the work site unless it is determined that off-site monitoring is more appropriate for a particular participant. Off-site monitoring must consist of at least two face-to-face meetings with the participant and one employer contact monthly.

4. **Stabilization:** This phase will begin once the participant has stabilized on the job

and/or is no longer requiring intensive job coaching. As a guideline, this occurs when the job coaching services amount to 20% or less of the participant's original level of support. This is the point when the participant has satisfactorily learned his or her job duties and appropriate work behaviors and the provider can reduce their job coach interventions. The participant's successful work performance determines when stabilization is achieved, not the number of days working.

- The participant is moved to employed status at the onset of stabilization.
- After a minimum of 30 days in Stabilization, the Supported Employment provider will develop the Extended Services Plan with the participant and agreed to by the VR counselor. The plan is shared with the participant and the VR counselor.

5. **VR Service Completion & Transition to Extended Services:** Once the participant has met the objectives on the individualized plan for employment, including the identified terms of employment (hours, pay, etc.), the Supported Employment professional & the VR Counselor will facilitate the participant's transition to extended services.

- A. Extended services are provided by the provider for as long as the participant is employed at this same job. Extended Services include ongoing supports (a minimum of two work site visits per month unless it is determined that off-site monitoring is more appropriate and/or requested by the participant). Off-site monitoring must consist of at least two face-to-face meetings with the participant and one employer contact monthly. The participant must be substantially meeting the agreed upon work hours established in the Individualized Plan for Employment to move to extended services. To facilitate extended services and ensure good transition, the Extended Services Plan must be completed and signed by the participant, the provider, the VR counselor, and Natural Supports where appropriate.
- B. When the participant has successfully maintained employment (post stabilization) for a minimum of 90 days, thus meeting the required 90 days minimum for successful VR closure, all parties *may* agree to close the VR case.

### **6006.03 Provider Qualifications**

Supported Employment providers must meet one of the following qualifications:

- A. A master's degree in vocational rehabilitation or a counseling-related field that may include, but is not limited to degrees in rehabilitation, education, special education, social work or psychology.
- B. A bachelor's degree in rehabilitation and disability studies or a related field that may include, but is not limited to degrees in rehabilitation, education, special education, social work or psychology.

- C. An associate degree in a vocationally related field such as, but not limited to degrees in rehabilitation, education, special education, social work or psychology with three years of experience linking with community resources, special education or instruction.
- D. A participant who works under the direct supervision of a participant with a master's or bachelor's degree as listed above.
- E. The provider leadership must provide documentation of staff qualifications to deliver Supported Employment Services. GVRA may grant exceptions to the provider qualifications noted above for individuals who do not meet the educational requirements above if that individual's work experiences clearly demonstrates that he or she is experienced in instructing students with disabilities during the transition years.
- F. Provider leadership must document exceptions to staff qualifications in writing and submit to GVRA Provider Management for approval. GVRA Provider Management will consider approval of requests for exceptions on a case-by-case basis and in its sole discretion. Documentation supporting exceptions to staff qualification will be maintained in the provider's records. GVRA may ask for provider qualification documentation prior to and during the provision of Supported Employment Services.

**NOTE:** Qualifying Documentation: Providers will submit documentation to determine if they meet the standards for potential suppliers. The Provider Relations Specialist is responsible for determining whether providers meet qualifications.

**6006.04 Process for Outsourcing**

It is the VR counselor's responsibility to determine when supported employment services should be provided. The maximum period for VR supported employment services is 24 months (for adults over 24) and 48 months for youth (participants not in school, over the age of 14 under the age of 24) following job start on a supported work site. This time frame can be extended if it is determined necessary and included on the IPE that additional time is necessary in order for the participant to achieve job stability prior to transition to extended services.

The Supported Employment Consumer Information Form is used as a tool in determining consumer needs and required services. A Supported Employment Services Agreement must be completed with each participant to identify approved services and the party responsible for provision of each service.

**6006.05 General and Specific Standards**

### **A. Timeliness**

Monthly progress reports shall be submitted by the provider to determine participant's progress throughout his/her supported employment program. Progress is based on the goals outlined in the Services Identification Agreement

### **B. Liability**

The provider must present a certificate of insurance as required by the Georgia Vocational Rehabilitation Agency.

### **C. Criminal Record Investigation**

Providers will be required to show evidence that a criminal record investigation has been completed in accordance with GVRA policy on all staff that provides direct services to VRP participants. (For more information see Section 1 – Administrative/11. Criminal Record Investigation Procedures in this Manual).

### **D. General Requirements**

**Mobility** - Consideration should be given to the participant's needs in determining an appropriate location. Training will be provided in various community businesses.  
which includes extended employment service sites.

**Available Materials** - A list will be submitted by prospective providers of evaluative instruments with which they are competent and capable of administering and interpreting.

**Sample Product** - Providers will submit to the PRS sample(s) of assessment reports, training reports and action plans to determine if they are sufficient to address participant needs and progress.

### **E. Report**

The Supported Employment Monthly Progress Reports must be completed monthly and signed by the person providing the supports to the participant. These reports are to reflect the participant's progress toward the goals outlined in the Services Identification Agreement, and the information should be specific to the participant.

## Identifying Information

- Participant name
- Date of Birth
- Address
- Telephone Number
- Case Number
- Referring Vocational Rehabilitation Counselor
- Date of Referral, Evaluation, and Report
- Disability(s)
- Hours of job coaching
- Work behaviors observed.
- Tasks needing supports, tasks successfully performed, and areas needing additional supports.
- When a job is secured, the following is the minimum to share with the VR counselor:
  - Name of Business
  - Location and contact person and number.
  - Job Title
  - Wages
  - Benefits
  - Start Date
  - Signed by Job Coach

**Interventions** - Based on a person's goals and skills, the employment setting, and the supports needed, assistive technology is provided within the context of reasonable accommodations.

**Achievement Level** - Based on the participant's employment objectives the person should receive only those services which help him/her achieve the desired outcomes.

## F. Fee

A Supported Employment Payment Invoice will be completed by the provider and submitted to the VR Counselor in accordance with the SE Payment procedure guideline located in Appendix K.

## TRADITIONAL SUPPORTED EMPLOYMENT

Service	Service Item Code	NEW Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Traditional Supported Employment</b>	<b>05520-NEW</b>	<b>\$300.00</b>	<b>Service Identification &amp; Extended Services Agreement</b>	<b>Phase</b>
	<b>05521-NEW</b>	<b>\$2,000.00</b>	<b>Job Development / Placment</b>	
	<b>05522-NEW</b>	<b>\$2,412.50</b>	<b>Training &amp; Initiation of Ongoing Support</b>	
	<b>05523-NEW</b>	<b>\$2,412.50</b>	<b>Training &amp; Initiation of Stabilization</b>	
	<b>05524-NEW</b>	<b>\$1,000.00</b>	<b>Service Stablization</b>	
<p><b>Definition of Service:</b> Supported Employment is competitive integrated employment for individuals with the most significant disabilities for whom integrated competitive employment has not traditionally occurred or for whom integrated competitive employment has been interrupted or intermittent as a result of a significant disability; and who, because of the significance of their disability, need intensive support services; and extended support services in order to perform such work.</p> <p><b>NOTE: A supported employment payment invoice will be completed by the provider and submitted to the VR counselor in accordance with the SE payment procedures guideline located in Appendix K.</b></p>				
<b>Travel provisions not allowed for this service.</b>				
<b>Payment Processing Required Documentation: Signed Traditional Supported Employment Invoice from GVRA website with Full Attestation Statement</b>				
<b>Monthly Progress Report needs to be emailed to the referring Counselor</b>				
<b>Provider Guidelines Manual Reference#: 6006.00</b>				

## 6007.00 Description of Service for Model 2 – Individual Placement and Support (IPS)

**Individual Placement and Support** is an evidenced-based model of supported employment, indicating it is a well-researched and well-defined approach to helping people with serious mental illness obtain and maintain employment. The IPS approach is based on eight principles: (<https://ipsworks.org/>)

1. Zero Exclusion (open to anyone who wants to work)
2. Competitive, integrated Employment,
3. Rapid Job Search,
4. Targeted Job Development,
5. Individualized preference guides decisions
6. Individualized long term supports.
7. Integrated with treatment.
8. Includes Benefits Planning

The overriding philosophy of IPS SE is the belief that every person with a serious mental illness is capable of working competitively in the community if the right kind of job, work environment, and supports are provided. Employment is considered an essential component of a participant’s recovery and is part of their treatment versus occurring once they have been deemed “job ready” and free of symptoms. Participants are offered help finding and keeping jobs that capitalize on their personal strengths and motivation. Thus, the primary goal of IPS SE is to find jobs in the community that build on a participant’s strengths, preferences, and experiences.

The Georgia Department of Behavioral Health and Developmental Disabilities – Behavioral Health collaborates with the Georgia Vocational Rehabilitation Agency – Vocational Rehabilitation in order to support participants seeking employment that are eligible for services from both agencies.

## 6007.01 Provider Information

Approved providers are expected to perform at a minimum of **Good Fidelity** based on IPS standards (see Fidelity Scale <https://ipsworks.org/wp-content/uploads/2017/08/IPS-Fidelity-Scale-Eng1.pdf> ). For details on the collaboration and expectations, please refer to IPS Manual, jointly developed by GVRA and DBHDD, for specific instructions. This manual also has attached forms that are required as part of the IPS process.

The five phases of Supported Employment are utilized while adhering to the IPS principles.

## 6007.02 Provider Qualifications

Please contact DBHDD for provider qualifications. DBHDD must review and approve qualifications prior to GVRA review. DBHDD is the primary agency that approves IPS Providers for the State of Georgia. Following DBHDD approval, providers must still meet VR provider qualifications. For job seekers to receive all the

support available, IPS providers must be approved. IPS providers must be an approved qualified provider through DBHDD Behavioral Health and GVRA/VR.

**6007.03 Process for Outsourcing**

Only DBHDD approved providers can be considered by GVRA for this service. If a GVRA provider becomes a DBHDD approved IPS provider, a contract amendment can be processed to add this service to an already approved GVRA Provider Service Agreement. If a DBHDD approved provider wants to become a GVRA provider contact a VR Provider Relations Specialist to obtain VR application.

**6007.04 General and specific standards**

General and specific standards for Traditional Supported Employment apply while adhering to the IPS principles.

**A. Fee**

A Supported Employment Payment Invoice will be completed by the provider and submitted to the VR Counselor in accordance with the SE Payment procedure Guideline located in Appendix K.

## INDIVIDUAL PLACEMENT and SUPPORT (IPS)

Service	Service Item Code	NEW Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Individual Placement &amp; Support (IPS)</b>	<b>05530-NEW</b>	<b>\$300.00</b>	<b>Services Identification &amp; Extended Services Agreement</b>	<b>Phase</b>
	<b>05531-NEW</b>	<b>\$2,000.00</b>	<b>Job Development / Placement</b>	
	<b>05532-NEW</b>	<b>\$2,412.50</b>	<b>Training &amp; Initiation of Ongoing Support</b>	
	<b>05533-NEW</b>	<b>\$2,412.50</b>	<b>Training &amp; Initiation of Stabilization</b>	
	<b>05534-NEW</b>	<b>\$1,000.00</b>	<b>Service Stabilization</b>	
<p><b>Definition of Service:</b> IPS is an evidenced-based model of supported employment, indicating it is a well-researched and well-defined approach to support people with serious mental illness return to work. The IPS approach is based on eight principles (1) Zero Exclusion, (2) Competitive Employment, (3) Rapid Job Search, (4) Systematic Job Development, (5) Worker Preference, (6) Time Unlimited supports, (7) Integrated Services, and (8) Benefits Planning (<a href="https://ipsworks.org/">https://ipsworks.org/</a>).</p> <p><b>NOTE: An individual placement and support payment invoice will be completed by the provider and submitted to the VR counselor in accordance with the SE payment procedures guideline located in Appendix K.</b></p> <p><b>Travel provisions not allowed for this service.</b></p> <p><b>Payment Processing Required Documentation: Signed IPS Supported Employment Invoice from GVRA website with Full Attestation Statement</b></p> <p><b>Monthly Progress Report needs to be emailed to the referring Counselor</b></p> <p><b>Provider Guidelines Manual Reference#: 6007.00</b></p>				

## 6008.00 Description of Service for Model 3 – Customized Supported Employment (CSE)

**Customized Supported Employment (CSE)** uses a person-centered approach with supported employment services. It is a process-driven concept with four required components:

1. Discovery: A person-centered planning process that is used to determine the job seeker's interests, skills, preferences and ideal employment conditions that guide the development of a customized position.
2. Customized Employment Planning: Opportunity to use the information learned during the Discovery process to develop a plan towards competitive integrated employment.
3. Job Development and Negotiation: Working collaboratively with the job seeker and the employer negotiate a customized position; identify the supports needed for the job seeker to be successful, agree to the terms and conditions of employment necessary for success, and the specific unmet needs of the employer that will be fulfilled by the job-seekers contributions.
4. On-going supports: Through the provision of supported employment services, employment supports are provided after the job start with ongoing monitoring to ensure satisfaction of both the participant and the employer.

## 6008.01 Provider Information

Customized Supported Employment is delivered through seven phases adhering to the Customized Employment competencies.

1. **Customized Services Identification**: The Vocational Rehabilitation Counselor, the job seeker and SE provider shall meet to discuss the SE process and projected outcomes. This meeting identifies the activities that may be involved, responsibilities of each party, the participant's support needs, natural supports and any additional information that contributes to a successful employment outcome.
2. **Customized Discovery Assessment and Discovery Profile Narrative Report**:  
Discovery is a person-centered process to learn the most about the job seeker and the information developed through a structured methodology, which allows for activities of typical life to be *translated* into possible tasks the participant can do for pay, the conditions needed for the participant to be successful, and the contribution he or she would bring to an employer.
  - Discovery activities and the corresponding profile report shall follow the ODEP components.
  - At minimum, Discovery activities include at least one home visit,

observation of the area surrounding the home, interviews with person(s) who know the job seeker well, and observations of the job seeker performing activities in a variety of settings that give opportunities to reveal the job seeker's strengths, interests, talents, skills, overall participatory efforts and support needs.

- Discovery should take between 20 to 30 hours spanning over 3-6 weeks. The Vocational Counselor should receive discovery logs and notes throughout the process.

The information learned during the Discovery process is provided in a narrative document, which lays the foundations for customized employment and is shared with the VR counselor, participant and chosen family members prior to the employment planning meeting.

The profile must use a narrative format and may be augmented by digital photos. It must identify vocational themes, ideal employment conditions, needed supports, and potential employers or business opportunities. To meet the job seeker's or family members' communication needs, alternative formats or language is encouraged

3. **Customized Discovery Profile Meeting (Customized Planning Meeting):** This meeting provides the linkage between the discovery process and customized job development. It is a person-centered session facilitated, ideally, by the person(s) who facilitated discovery and developed the profile. Attendees include the job seeker, anyone they wish to invite as a support team, the VR counselor, and any other stakeholder who can contribute to the job development.

It is at this meeting that a blueprint is developed, which will guide the efforts in developing a customized job. Allow approximately 2 hours for this planning meeting plus another 1-2 hours for preparation and development. Additional components of the planning meeting include:

- The date and timing for the planning meeting should be set by the job seeker.
- The planning meeting should occur between 1-3 weeks following approval of the profile documents.
- The job seeker (and their support team) must approve all aspects of the job development plan.
- A specific list of 10-20 potential employers to include tasks they have identified connections to these employers and possible referrals shall be developed at this planning meeting.
- The VR Individualized Plan for Employment may be developed or amended at this time to reflect the findings from Discovery.
- Visual Resume (Representational Portfolio): At the request of the job seeker, job developer or VR counselor, a visual resume is developed to be used in lieu of a traditional resume. It is a visual presentation (such as

PowerPoint or pictorial portfolio with narratives) used by job developers that provide employers with an explanation of customized employment, the job seeker's contributions and the types of tasks the job seeker is looking to perform. It also outlines what the employer can expect from the Supported Employment provider and from the Vocational Rehabilitation Program.

- Approximate time for development of visual resume is approximately 2-5 hours and must be approved by the job seeker and VR counselor before it is used.

**Note:** If Discovery results in a team decision to pursue an entrepreneurial customized employment option, the guidelines related to self-employment will be utilized, to include resource ownership.

4. **Customized Job Development/Job Creation/Negotiation:** The provision of customized job development entails developing employment opportunities based on identifying the needs of employers that match the job seeker's contributions, interests and conditions for employment. Armed with the knowledge about the job seeker from the Discovery process, the Supported Employment provider identifies job tasks and work cultures that fulfill the criteria for a successful job match. During job development, the Supported Employment Specialist must provide regular updates to the VR counselor to include monthly documentation reflecting customized job development activities.

Upon identifying a potential job match, the Supported Employment provider conducts a meeting with the employer and job seeker to negotiate a job description, job supports and terms of employment (hours, pay, etc.) Employment must:

- Be consistent with the Vocational Rehabilitation Individualized Plan for Employment, a Plan amendment maybe necessary if the job seeker identifies a different job goal during the process.
- The position must be with a business that offers pay equivalent to co-workers, at or above minimum wage and is located with those peers.

5. **Training & Initiation of Ongoing Supports:** Following job development and job start, intensive on-site job coaching takes place on the job by skilled job trainers: assisting the participant in new employee orientation, learning the assigned job tasks, implementing needed accommodations, addressing workplace behaviors, understanding employer expectations and understanding interpersonal skills in the workplace. This phase begins on the first day the participant is on the employer's payroll and is in training with the job coach.

- Job Coaching should take in consideration workplace accommodations that maximize the participant's potential and learning style.
- Supported Employment provider will notify the VR Counselor if Assistive Work Technology services are needed to address potential

workplace accommodations; or if uniforms or workplace tools are necessary.

- The participant is in training status until they have reached stabilization.
- Monthly progress reports are provided to the VR Counselor documenting on-going support services.
- Ongoing Support services are initiated at job start and continue to be provided by the SE professional once the participant is stabilized and no longer requires intensive job coaching services. Ongoing Supports are provided at a minimum of two visits per month at the work site unless it is determined that off-site monitoring is more appropriate for a particular participant. Off-site monitoring must consist of at least two face-to-face meetings with the participant and one employer contact monthly.

Additionally, the Customized Employment Competency Model notes the following as best practices:

- Assist job seeker in reporting benefits and monitoring impact of employment on benefits based on the benefits plan developed during Discovery.
- Maintain close contact with both the employee and employer after job start, to resolve problems and continue to evaluate performance, work behaviors, and production (for example, set up regular meeting schedule).
- Renegotiate, as needed, with the employer regarding tasks, additional responsibilities, promotion and career advancement, increased wages, and support provided after job starts.
- Support problem-resolution processes by coaching the employer and the employee, while respecting the business culture, organizational processes, and policies and procedures

6. ***Customized Stabilization:*** This phase will begin when the job coaching for the supported worker has reduced to less than 30% (vs. 20% for Traditional SE) of the participant's total work hours per month. This is the point when the supported worker has satisfactorily learned his or her job duties and appropriate work behaviors and the provider can reduce their job coach interventions.

- The participant is moved to employed status at the onset of stabilization.
- Ongoing Supports are provided from job stabilization until transition to extended services. At a minimum of two visits per month at the work site unless it is determined that off-site monitoring is more appropriate for a particular participant. Off-site monitoring must consist of at least two face-to-face meetings with the participant and one employer contact monthly.
- The Supported Employment provider will begin development of the Extended Services Plan with the participant and the VR counselor. The plan is shared with the participant and the VR counselor.

## **7. VR Service Completion & Transition to Extended Services:**

Once the participant has met the objectives on the individualized plan for employment, including the identified terms of employment (hours, pay, etc.), the Employment Specialist and VR Counselor will facilitate the participant's transition to extended services.

Extended Services are provided by the provider for as long as the participant is employed at the same job. Extended Services include ongoing supports and consist of a minimum of two work site visits per month unless it is determined that off-site monitoring is more appropriate and/or requested by the participant. Off-site monitoring must consist of at least two face-to-face meetings with the participant and one employer contact monthly. To facilitate extended services and ensure good transition the Extended Services Plan must be completed and signed by the participant, provider, VR counselor and natural supports as appropriate.

When the participant has successfully maintained Employment Status (post stabilization) for a minimum of 90 days, thus meeting the required 90 days minimum for successful VR closure, all parties may agree to close the VR case.

### **6008.02 Provider Qualifications**

Providers are expected to meet VR qualifications as noted for Traditional Supported Employment. Additionally, the GVRA/VR program expects providers to adhere to the competencies adopted by the USDOL. To support adherence to the competency model (<https://www.dol.gov/odep/pdf/2011cecm.pdf>) employment specialists must meet the qualifications of the competency model and provide documentation of training in the delivery of Customized Employment equivalent to the Association of Community Rehabilitation Educators (ACRE) Basic Employment Services Certificate (<http://www.acreeducators.org/certificates>) with a minimum of 40 hours of training.

For job seekers to receive all the support available, CSE providers are encouraged to be approved qualified providers through DBHDD/DD and GVRA/VR.

**Note:** Qualifying Documentation – Prospective providers will submit the documentation of education, work experience and training to determine if they have met the qualification standards for Customized Supported Employment. The Provider Relation Specialist, with support from appropriate agency personnel, is responsible for determining whether providers meet the qualifications.

### **6008.03 Process for Outsourcing**

It is the VR counselors' responsibility to determine when customized supported

employment services should be purchased. The maximum period for VR Program services is 24 months (for adults older than 24 years of age) and 48 months for youth (participants not in school, over the age of 14 and under the age of 24) following job start on a supported work site. This time frame can be extended if it is determined and included on the individualized plan for employment that additional time is necessary in order for the participant to achieve job stability prior to transition to extended services.

A Customized Supported Employment Services Agreement must be completed on each consumer to identify approved services and the party responsible for provision of each service.

#### **6008.04      General and specific standards**

General and specific standards for Traditional Supported Employment apply, while adhering to the CSE competencies.

##### **A. Fee**

A Customized Supported Employment Payment Invoice will be completed by the provider and submitted to the VR Counselor in accordance with the SE Payment procedure Guideline located in Appendix K.

## CUSTOMIZED SUPPORTED EMPLOYMENT

Service	Service Item Code	NEW Fee	Per Unit of Measure (Client, Hour, etc)	Miles To Deliver Services
<b>Customized Supported Employment</b>	<b>05540-NEW</b>	<b>\$300.00</b>	<b>Services Identification &amp; Extended Services Agreement</b>	<b>Phase</b>
	<b>05541-NEW</b>	<b>\$2,000.00</b>	<b>Discovery Assessment &amp; Profile</b>	
	<b>05542-NEW</b>	<b>\$300.00</b>	<b>Discovery Profile Meeting</b>	
	<b>05543-NEW</b>	<b>\$2,000.00</b>	<b>Job Creation / Negotiation</b>	
	<b>05544-NEW</b>	<b>\$2,412.50</b>	<b>Training &amp; Initiation of Ongoing Support</b>	
	<b>05545-NEW</b>	<b>\$2,412.50</b>	<b>Training &amp; Initiation of Stabilization</b>	
	<b>05546-NEW</b>	<b>\$1,000.00</b>	<b>Stabilization</b>	
<p><b>Definition of Service:</b> A person-centered approach of supported employment services. It is a process-driven concept with four required components: Discovery, Customized Employment Planning, Job Development and Negotiations and On-going Supports.</p> <p><b>NOTE:</b> A customized supported employment payment invoice will be completed by the provider and submitted to the VR counselor in accordance with the SE payment procedures guideline located in Appendix K.</p>				
<p><b>Travel provisions not allowed for this service.</b></p>				
<p><b>Payment Processing Required Documentation: Signed Customized Supported Employment Invoice from GVRA website with Full Attestation Statement</b></p> <p><b>Monthly Progress Report needs to be emailed to the referring Counselor</b></p> <p><b>Provider Guidelines Manual Reference#: 6008.00</b></p>				

## 6009.00 Description of Service for Project Search

**Project Search** is a school to work immersion program involving a collaboration among Vocational Rehabilitation (VR), secondary schools, business and supported employment providers which assists transitioning students with developmental disabilities to acquire work skills leading to competitive integrated employment. This program utilizes three internships, where the students are provided training and experiences with different positions at one job site and a job coach/paraprofessional from the local education agency. The VR Counselor links the student with a supported employment provider prior to the end of their final internship rotations to initiate on-going supports if the student is hired by the host internship site or to initiate supported employment services.  
(<https://www.projectsearch.us/>)

## 6009.01 Provider Information

Supported Employment is delivered in conjunction with Project Search utilizing the five phases of Traditional Supported Employment while adhering to Project Search fidelity.

## 6009.02 Provider Qualifications

Project Search providers must meet one of the following qualifications:

- A. A Master's degree in vocational rehabilitation or a counseling-related field that may include, but is not limited to degrees in rehabilitation, education, special education, social work or psychology.
- B. A Bachelor's degree in rehabilitation and disability studies or a related field that may include, but is not limited to degrees in rehabilitation, education, special education, social work or psychology.
- C. An associate degree in a vocationally related field such as, but not limited to degrees in rehabilitation, education, special education, social work or psychology with three years of experience linking with community resources, special education or instruction
- D. A participant who works under the direct supervision of a participant with a Master's or Bachelor's degree as listed above

**NOTE:** Qualifying Documentation: Providers will submit documentation to determine if they meet the standards for potential suppliers. The Provider Relations Specialist is responsible for determining whether providers meet qualifications.

## 6009.03 Process for Outsourcing

It is the VR counselor's responsibility to determine when supported employment services should be provided. The maximum period for VR supported employment services is 24

months (for adults over 24) and 48 months for youth (participants not in school over the age of 14 under the age of 24) following job start on a supported work site. This time frame can be extended if it is determined necessary and included on the IPE that additional time is necessary in order for the participant to achieve job stability prior to transition to extended services.

The Supported Employment Consumer Information Form is used as a tool in determining consumer needs and required services. A Supported Employment Services Agreement must be completed with each consumer to identify approved services and the party responsible for provision of each service.

#### **6009.04 General and specific standards**

General and specific standards for Traditional Supported Employment apply while adhering to the Project Search Model.

##### **A. Fee**

A Project Search Payment Invoice will be completed by the provider  
And submitted to the VR Counselor in accordance with the SE Payment procedure guideline located in Appendix K.

**APPENDIX K TRADITIONAL SUPPORTED EMPLOYMENT INVOICE**

TO: \_\_\_\_\_ PROVIDER NAME: \_\_\_\_\_  
 Vocational Rehabilitation Program

FROM: \_\_\_\_\_ PROVIDER INVOICE #: \_\_\_\_\_

DATE: \_\_\_\_\_ VR AUTHORIZATION #: \_\_\_\_\_

**RE: Supported Employment Services**  
**The following is a request for Supported Employment Services for:**

Client Name: \_\_\_\_\_ VR Client ID: \_\_\_\_\_

**Services Identification**

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ Determination of the need for Supported Employment is completed, and the services & strategies have been identified based on the client’s needs. The Supported Employment Services Agreement form is completed with the VR Counselor, Provider, & the client. (Services Identification, \$300).

**Job Development**

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ Job Development is provided to assist in seeking and securing employment for the client. **Job Development will be based on the chosen vocational goal of the client.** Job Development may be repeated, including the payment, in the event that a placement fails. Repeating job development is at the discretion of the VR Counselor.(Job Development, \$1,500.00

**Training & Initiation of On-going Support**

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ 1. Authorization & Invoice (A & I) will be encumbered to the provider for the initiation of Training and On-going supports. This \$2,000.00 payment will be made at the beginning of the Training & On-going Support phase. This phase begins once the client is on the employer’s payroll and begins receiving on going supports/training/job coaching.

**Stabilization**

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ 2. The Stabilization payment of \$1500.00 will be paid once on-going supports/job coaching for the client has diminished to only 20% of the original amount of support. This will be paid at entry into VR’s Employed case status. Determination of stabilization will be at the discretion of the VR counselor.

**VR Services Completion &**

**Transition to Extended Services:**

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ 3. Authorization & Invoice (A/I) for payment of \$2,825.00 will be issued when the client is transitioned to Extended Services. Paystub/wage documentation from the employer should be submitted by the provider. A written Extended Services Plan shall be in place prior to or at the time of this payment.

Phases (excluding Services Identification) may be repeated at the discretion of the VR counselor.

*I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such agreement for the party I represent.*

*I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVRA/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.*

\_\_\_\_\_  
 Service Provider Representative Signature

\_\_\_\_\_  
 Date

**APPENDIX K TRADITIONAL SUPPORTED EMPLOYMENT INVOICE**

TO: \_\_\_\_\_ PROVIDER NAME: \_\_\_\_\_  
 Vocational Rehabilitation Program

FROM: \_\_\_\_\_ PROVIDER INVOICE #: \_\_\_\_\_

DATE: \_\_\_\_\_ VR AUTHORIZATION #: \_\_\_\_\_

**RE: Supported Employment Services**  
**The following is a request for Supported Employment Services for:**

Client Name: \_\_\_\_\_ VR Client ID: \_\_\_\_\_

***Service Identification and Extended Services Agreement***

\$ \_\_\_\_\_ Determination of the need for Supported Employment is completed, and the services & strategies have been identified based on the client's needs. "The Service Identification and Extended Services Agreement: form is completed with the VR Counselor, Provider and the Client. **(\$300 authorized with 110 funds prior to this phase)**

***Job Development / Placement***

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ Job Development will be based on the chosen vocational goal of the client. Job Development may be repeated, including the payment, in the event that a placement fails. Repeating Job Development / Placement is at the discretion of the VR Counselor. **(\$2,000 authorized with 110 funds prior to this phase)**

***Training & Initiation of On-going Supports***

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ This phase begins once the client is on the employer's payroll and begins receiving on going supports/training/job coaching. The minimum time frame for this phase is 45 days. **(\$2,412.50 authorized with Supported Employment funds prior to this phase)**

***Training & Initiation of Stabilization***

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ This phase is complete when job coaching and related interventions have decreased to a level necessary to maintain the person in employment. Paystub/wage documentation from the employer should be submitted by the provider or client. The minimum time frame for this phase is 45 days. **(\$2,412.50 authorized with Supported Employment funds after this phase is complete)**

***Stabilization***

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ This is a final payment to the provider after the client has been in Extended Service for a minimum of 45 days. **(\$1,000 authorized with Supported Employment funds at 45 days into this phase)**

**Phases (excluding Services Identification) may be repeated at the discretion of the VR counselor.**

***I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such agreement for the party I represent.***

***I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVRA/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.***

\_\_\_\_\_  
 Service Provider Representative Signature  
 VOC\_18200-2023 Traditional Supported Employment Invoice

\_\_\_\_\_  
 Date

APPENDIX L

CUSTOMIZED SUPPORTED EMPLOYMENT INVOICE

TO: \_\_\_\_\_  
Vocational Rehabilitation Program

PROVIDER NAME: \_\_\_\_\_

FROM: \_\_\_\_\_

PROVIDER INVOICE #: \_\_\_\_\_

DATE: \_\_\_\_\_

VR AUTHORIZATION #: \_\_\_\_\_

**RE: Customized Supported Employment Services**  
**The following is a request for Customized Supported Employment Services for:**

Client Name: \_\_\_\_\_

VR Client ID: \_\_\_\_\_

*Customized Services Identification*

\$ \_\_\_\_\_ Determination of the need for Supported Employment is completed. The Supported Employment Services Agreement form is completed with the VR Counselor and the client. The services and strategies have been identified based on the needs of the client.(This \$300 is encumbered with 110 funds).

*Customized Discovery Assessment & Profile*

*Service Begin Date:* \_\_\_\_\_

\$ \_\_\_\_\_ The provider completes a comprehensive, individualized, local community-based discovery process and provides to the VR counselor a vocational profile of client that meets customized employment standards outlined in contract. (\$2,000.00)

*Customized Discovery Profile Meeting*

*Service Begin Date:* \_\_\_\_\_

\$ \_\_\_\_\_ The provider convenes a discovery profile meeting with the customized team comprised of paid and non-paid people important to the client’s customized employment development process. The aim of this meeting is to further job creation and negotiation. (\$300.00)

*Customized Job Creation/Negotiation*

*Service Begin Date:* \_\_\_\_\_

\$ \_\_\_\_\_ Job Creation/Negotiation is provided to assist in seeking and securing employment for the client. **Job Creation/Negotiation will be done based on the chosen vocational goal of the client.** Job Creation/Negotiation may be repeated, including the payment, in the event that a placement fails. Repeating job development is done at the discretion of the VR Counselor. (\$1,500.00)

*Customized Training & Initiation of On-going Support*

*Service Begin Date:* \_\_\_\_\_

\$ \_\_\_\_\_ Authorization & Invoice (A & I) will be encumbered in the amount of \$2,425.00 to the provider for the initiation of Training and On-going supports. This phase MAY begin ONCE the client is on the employer’s payroll and BEGINS RECEIVING ON-GOING SUPPORTS/job coaching.

*Customized Stabilization*

\$ \_\_\_\_\_ Once ON-GOING SUPPORTS/job coaching for the client has diminished to only 30 percent, payment of \$1,500.00 will be made upon entry into VR Employed status.

*VR Services Completion & Transition to Extended Services*

*Service Begin Date:* \_\_\_\_\_

\$ \_\_\_\_\_ Authorization & Invoice (A/I) for payment of \$2,825.00. Payment will be issued when the client is transitioned to Extended Services. A written Extended Services plan shall be in place prior to or at the time of this payment.

**The VR Counselor is the final authority on all payment authorizations.**

*I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such agreement for the party I represent.*

*I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVRA/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.*

\_\_\_\_\_  
*Service Provider Representative Signature*

\_\_\_\_\_  
*Date*

APPENDIX L

CUSTOMIZED SUPPORTED EMPLOYMENT INVOICE

TO: \_\_\_\_\_  
Vocational Rehabilitation Program

PROVIDER NAME: \_\_\_\_\_

FROM: \_\_\_\_\_

PROVIDER INVOICE #: \_\_\_\_\_

DATE: \_\_\_\_\_

VR AUTHORIZATION #: \_\_\_\_\_

RE: Customized Supported Employment Services  
The following is a request for Customized Supported Employment Services for:

Client Name: \_\_\_\_\_

VR Client ID: \_\_\_\_\_

*Customized Services Identification and Extended Services Agreement*

\$ \_\_\_\_\_ Determination of the need for Supported Employment is completed, and the services & strategies have been identified based on the client’s needs. The “Service Identification and Extended Services Agreement” form is completed with the VR Counselor, Provider, & the client.  
**(\$300 authorized with 110 funds prior to this phase)**

*Customized Discovery Assessment & Profile* Service Begin Date: \_\_\_\_\_

\$ \_\_\_\_\_ The provider completes a comprehensive, individualized, local community-based discovery process and provides to the VR counselor a vocational profile of client that meets customized employment standards outlined in contract.  
**(\$2,000.00 authorized with 110 funds prior to this phase)**

*Customized Discovery Profile Meeting* Service Begin Date: \_\_\_\_\_

\$ \_\_\_\_\_ The provider convenes a discovery profile meeting with the customized team comprised of paid and non-paid people important to the client’s customized employment development process. The aim of this meeting is to further job creation and negotiation.  
**(\$300.00 authorized with 110 funds prior to this phase)**

*Customized Job Creation / Negotiation* Service Begin Date: \_\_\_\_\_

\$ \_\_\_\_\_ Job Creation/Negotiation will be done based on the chosen vocational goal of the client. Job Creation/Negotiation may be repeated, including the payment, in the event that a placement fails. Repeating Customized Job Creation / Negotiation is at the discretion of the VR Counselor.  
**(\$2,000 authorized with 110 funds prior to this phase)**

*Customized Training & Initiation of On-going Supports* Service Begin Date: \_\_\_\_\_

\$ \_\_\_\_\_ This phase begins once the client is on the employer’s payroll and begins receiving on going supports/training/job coaching. The minimum time frame for this phase is 45 days.  
**(\$2,412.50 authorized with Supported Employment funds prior to this phase)**

*Customized Training & Initiation of Stabilization* Service Begin Date: \_\_\_\_\_

\$ \_\_\_\_\_ This phase is complete when job coaching and related interventions have decreased to a level necessary to maintain the person in employment. Paystub/wage documentation from the employer should be submitted by the provider or client. The minimum time frame for this phase is 45 days.  
**(\$2,412.50 authorized with Supported Employment funds after this phase is complete)**

*Customized Stabilization* Service Begin Date: \_\_\_\_\_

\$ \_\_\_\_\_ This is a final payment to the provider after the client has been in Extended Service for a minimum of 45 days.  
**(\$1,000 authorized with Supported Employment funds at 45 days into this phase)**

The VR Counselor is the final authority on all payment authorizations.

*I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such agreement for the party I represent.*

*I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVR/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.*

\_\_\_\_\_  
Service Provider Representative Signature

\_\_\_\_\_  
Date

**APPENDIX M**

**IPS SUPPORTED EMPLOYMENT INVOICE**

TO: \_\_\_\_\_  
Vocational Rehabilitation Program

PROVIDER NAME: \_\_\_\_\_

FROM: \_\_\_\_\_

PROVIDER INVOICE #: \_\_\_\_\_

DATE: \_\_\_\_\_

VR AUTHORIZATION #: \_\_\_\_\_

**RE: Supported Employment Services**

**The following is a request for Supported Employment Services for:**

Client Name: \_\_\_\_\_

VR Client ID: \_\_\_\_\_

*Services Identification*

\$ \_\_\_\_\_ Determination of the need for Supported Employment is completed, and the services & strategies have been identified based on the client’s needs. The Supported Employment Services Agreement form is completed with the VR Counselor, Provider, & the client. (Services Identification, \$300).

*Job Development*

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ Job Development is provided to assist in seeking and securing employment for the client.

**Job Development will be based on the chosen vocational goal of the client.** Job Development may be repeated, including the payment, in the event that a placement fails. Repeating job development is at the discretion of the VR Counselor.(Job Development, \$1,500.00)

*Training & Initiation of On-going Support*

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ 1. Authorization & Invoice (A & I) will be encumbered, in the amount of \$2,000.00, to the provider for the initiation of Training and On-going supports. This phase begins once the client is on the employer’s payroll and begins receiving on going supports/training/job coaching.

*Stabilization*

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ 2. The Stabilization payment of \$1,500.00 will be paid once on-going supports/job coaching for the client has diminished to only 20% of the original amount of support. This will be paid at entry into VR’s Employed case status. Determination of stabilization will be at the discretion of the VR counselor.

*VR Services Completion & Transition to Extended Services:*

**Service Begin Date:** \_\_\_\_\_

\$ \_\_\_\_\_ 3. Authorization & Invoice (A/I) for payment of \$2,825.00 will be issued when the client is transitioned to Extended Services. Wage Documentation from the employer should be submitted by the provider. A written Extended Services Plan shall be in place prior to or at the time of this payment.

**Phases (excluding Services Identification) may be repeated at the discretion of the VR counselor.**

*I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such agreement for the party I represent.*

*I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVRA/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.*

\_\_\_\_\_  
Service Provider Representative Signature

\_\_\_\_\_  
Date

VOC-18156-2023 IPS Supported Employment Invoice

APPENDIX M

IPS SUPPORTED EMPLOYMENT INVOICE

TO: \_\_\_\_\_  
Vocational Rehabilitation Program

PROVIDER NAME: \_\_\_\_\_

FROM: \_\_\_\_\_

PROVIDER INVOICE #: \_\_\_\_\_

DATE: \_\_\_\_\_

VR AUTHORIZATION #: \_\_\_\_\_

RE: Supported Employment Services

The following is a request for Supported Employment Services for:

Client Name: \_\_\_\_\_

VR Client ID: \_\_\_\_\_

*Service Identification and Extended Services Agreement*

\$ \_\_\_\_\_ Determination of the need for Supported Employment is completed, and the services & strategies have been identified based on the client’s needs. The “Service Identification and Extended Services Agreement” form is completed with the VR Counselor, Provider, & the client.  
**(\$300.00 authorized with 110 funds prior to this phase)**

*Job Development / Placement*

Service Begin Date: \_\_\_\_\_

\$ \_\_\_\_\_ Job Development will be based on the chosen vocational goal of the client. Job Development may be repeated, including the payment, in the event that a placement fails. Repeating Job Development / Placement is at the discretion of the VR Counselor.  
**(\$2,000 authorized with 110 funds prior to this phase)**

*Training & Initiation of On-going Supports*

Service Begin Date: \_\_\_\_\_

\$ \_\_\_\_\_ This phase begins once the client is on the employer’s payroll and begins receiving on going supports/ training/job coaching. The minimum time frame for this phase is 45 days.  
**(\$2,412.50 authorized with Supported Employment funds prior to this phase)**

*Training & Initiation of Stabilization*

Service Begin Date: \_\_\_\_\_

\$ \_\_\_\_\_ This phase is complete when job coaching and related interventions have decreased to a level necessary to maintain the person in employment. Paystub/wage documentation from the employer should be submitted by the provider or client. The minimum time frame for this phase is 45 days.  
**(\$2,412.50 authorized with Supported Employment funds after this phase is complete)**

*Stabilization*

Service Begin Date: \_\_\_\_\_

\$ \_\_\_\_\_ This is a final payment to the provider after the client has been in Extended Service for a minimum of 45 days.  
**(\$1,000 authorized with Supported Employment funds at 45 days into this phase)**

Phases (excluding Services Identification) may be repeated at the discretion of the VR counselor.

*I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such agreement for the party I represent.*

*I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVRA/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.*

\_\_\_\_\_  
Service Provider Representative Signature

\_\_\_\_\_  
Date

VOC-18156-2023 IPS Supported Employment Invoice



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**APPENDIX N**

Supported Employment Monthly Progress Report

<b>Choose the Identified Supported Employment model:</b>	
<input type="checkbox"/> Traditional <input type="checkbox"/> IPS <input type="checkbox"/> Customized Employment	
<b>Instructions:</b> This report must be completed in its entirety. Please give specific examples of what is being done to assist the client in becoming independent in these areas. If certain sections are not applicable, indicate accordingly. If an area was identified as not being needed on the "Supported Employment Service Agreement" please indicate that by "N/A."	
Job Seeker's Name:	
Counselor's Name:	
SE Employment Specialist Name:	
SE Provider Name:	
Job Seeker's Employment Goal:	
Date range report covers:	
Date report submitted:	
<b>IDENTIFIED CONSIDERATIONS AND STRATEGIES</b>	
<b>Medical Considerations:</b> Describe any accommodations or strategies related to medical conditions being utilized during job development/employment including the responsible party. Issues may include addressing regularly scheduled medical appointments, medication side-effects, work-related restrictions, transportation to and from appointments, etc.	
Responsible persons:	
<b>Behavioral Health Considerations:</b> Describe any accommodations or strategies related to behavioral health conditions being utilized during job development/employment including the	



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responsible party. Issues may include addressing regularly scheduled appointments, medication side-effects, work-related restrictions, transportation to and from appointments; and the strategies for addressing these considerations. *Note: IPS must include participation in interdisciplinary meetings.*

Responsible persons:

**Sensory:** Describe how the job seeker’s hearing and vision needs are being addressed during job development/employment, to include the potential need for on-going communication support, orientation & mobility training at start of employment, and potential need for employer training.

Responsible persons:

**Assistive Technology/Accommodations/On the job Supports/Learning Style:** Describe the use of AWT, accommodation and on the job supports being utilized. Describe the strategies being used to assist the job seeker in learning their tasks, to include incorporating their preferred learning style.

Responsible persons:

**Release of Information/Self-Advocacy:** Describe how the disclosure pertinent information has been addressed during job development, along with any information the job seeker does not wish to be disclosed. Also describe the job seeker’s progress with/utilization of self-advocacy, along with any ongoing concerns.



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<p>Responsible persons:</p>
<p><b>Job Development:</b> Describe the progress and activities being utilized to identify employers, positions and/or job tasks and how the job seeker is involved.</p> <p><i>(IPS providers must adhere to the applicable principles and maintain fidelity to the IPS model. Customized SE providers must provide strategies specific to that model. Service delivery strategies should be those identified in the Discovery Process and Planning Meeting.)</i></p>
<p>Responsible persons:</p>
<p><b>On-going Supports &amp; follow-up:</b> Indicate what ongoing supports and follow up are being provided following placement to address interpersonal behaviors, work place behaviors, adjustment services and retention.</p>
<p>Responsible persons:</p>
<p><b>Potential Barriers:</b> Describe any new or ongoing potential barriers to employment and the related compensatory strategies ( i.e., felony background, transportation, housing, etc.)</p>
<p>Responsible persons:</p>
<p><b>Extended Services:</b> Describe how extended services following VR case closure are anticipated to be provided. <i>Note: an extended services plan is required prior to case closure</i></p>

**BRIAN P. KEMP**  
GOVERNOR  
DIRECTOR



**CHRIS WELLS**  
EXECUTIVE

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Responsible persons:



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**Supported Employment Service Identification and Agreement Form**

**Choose the Identified Supported Employment model:**

Traditional     IPS     Customized Employment

**Instructions:** This agreement must be completed in its entirety. If certain sections are not applicable, indicate accordingly. The form is intended to be completed with the job seeker, supported employment provider and vocational rehabilitation counselor; and should reflect the job seeker’s preferences, ideal employment conditions, strengths, interests and support needs.

Job Seeker’s Name:	
Counselor’s Name:	
SE Employment Specialist Name:	
SE Provider Name:	
Job Seeker’s Employment Goal:	
Describe job seeker’s training/work history/military experience related to employment goal:	
Job Seeker’s Preferred weekly hours to work:	
Job Seeker’s Preferred salary and benefits:	
Describe job seeker’s preferred work environment/work culture/work values:	
If Job Seeker receives SSI/SSDI, name of Benefit Counselor and contact information:	
Name of Community Resource or agency and purpose that job seeker is receiving support from:	

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Director



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Executive

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Name and contact information of job seeker's natural supports.	(note: be sure release of information forms are signed)	
Today's Date:		Date Job Development is to begin:
<b>IDENTIFIED CONSIDERATIONS AND STRATEGIES</b>		
<p><b>Medical Considerations:</b> Describe any on-going needs related to medical conditions that shall be considered during job development/employment, to include regularly scheduled medical appointments, medication side-effects, work-related restrictions, transportation to and from appointments; and the strategies for addressing these considerations, along with the responsible party.</p>		
<p>Responsible persons: Russell</p>		
<p><b>Behavioral Health Considerations:</b> Describe any on-going needs related to behavioral health conditions that shall be considered during job development/employment, to include regularly scheduled appointments, medication side-effects, work-related restrictions, transportation to and from appointments; and the strategies for addressing these considerations, along with the responsible party. <i>Note: IPS must include interdisciplinary meetings.</i></p>		
<p>Responsible persons: Wiregrass &amp; GVRA</p>		
<p><b>Sensory:</b> Describe how the job seeker's hearing and vision needs will be considered during job development/employment, to include the potential need for on-going communication support, orientation &amp; mobility training at start of employment, and potential need for employer training.</p>		

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GOVERNOR  
DIRECTOR



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EXECUTIVE

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Responsible persons:

**Assistive Technology/Accommodations/On the job Supports/Learning Style:** Describe the potential AWT, accommodation and on the job support needs that may be needed. Describe the strategies that will assist the job seeker in learning their tasks, to include incorporating their preferred learning style.

Responsible persons: AWT with GVRA

**Release of Information/Self-Advocacy:** Describe the strategies that will be used to disclose pertinent information during job development, along with any information the job seeker does not wish to be disclosed. Also describe the job seeker's self-advocacy strategies, along with any concerns that may need to be addressed at the onset of employment.

Responsible persons: Direct

**Job Development:** Describe the strategies and methods of how potential employers, positions and tasks will be identified, along with how the job seeker will be involved.

IPS providers must adhere to the applicable principles and maintain fidelity to the IPS model. Customized SE providers must provide strategies specific to that model, to include the use of the Discovery Process and Planning Meeting.

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Responsible persons:

**On-going Supports & follow-up:** Describe the strategies that will be used to identify & provide the on-going supports and follow-up following job placement and through-out employment to address interpersonal behaviors, work place behaviors, adjustment services and retention.

Responsible persons:

**Potential Barriers:** Describe any potential barriers to employment and the related compensatory strategies ( i.e., felony background, transportation, housing, etc.)

Responsible persons:

**Extended Services:** Describe how extended services following VR case closure are anticipated to be provided. *Note: an extended services plan is required prior to case closure*

Responsible persons:

**Additional Areas of Concern:**

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Responsible persons:

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**SERVICE PROVIDER SIGNATURE**

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**VR COUNSELOR**

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**CLIENT SIGNATURE**

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**CLIENT REPRESENTATIVE SIGNATURE**

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**DATE**

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GOVERNOR  
DIRECTOR



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Supported Employment Extended Services Plan

**Choose the Identified Supported Employment model:**

Traditional     IPS     Customized Employment

**Instructions:** This extended services plan must be completed in its entirety and prior to payment for extended services. The purpose of this document is to detail how extended services will be provided for the duration of the individual’s employment. Please give specific examples of what will be done to assist the client in becoming independent in each relevant area. The form is intended to be completed with the client/employee, supported employment provider and vocational rehabilitation counselor; and should reflect the job seeker’s preferences, ideal employment conditions, strengths, interests and support needs.

Job Seeker’s Name:

Counselor’s Name:

SE Employment Specialist Name:

SE Provider Name:

Job Seeker’s Employment Goal:

If Job Seeker receives SSI/SSDI, name of Benefit Counselor and contact information:

Name and contact information of job seeker’s natural supports.

**(note: be sure release of information forms are signed)**

Today’s Date:

Date individual is to transition to extended services:

**IDENTIFIED CONSIDERATIONS AND STRATEGIES**

**Medical Considerations:** Describe any on-going needs related to medical conditions that shall require continued support during employment, to include regularly scheduled medical appointments, medication side-effects, work-related restrictions, transportation to and from appointments; and the strategies for addressing these considerations, along with the responsible party. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other



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supports over time.

Responsible persons:

**Behavioral Health Considerations:** Describe any on-going needs related to behavioral health conditions that shall require continued support during employment, to include regularly scheduled appointments, medication side-effects, work-related restrictions, transportation to and from appointments; and the strategies for addressing these considerations, along with the responsible party. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.

Responsible persons:

**Sensory:** Describe any on-going needs related to hearing and vision that shall require continued support during employment, to include the potential need for on-going communication support, orientation & mobility training, and potential need for employer training and the strategies for addressing these needs, along with the responsible party. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.

Responsible persons:

**Assistive Technology/Accommodations/On the job Supports/Learning Style:** Describe the AWT, accommodations and on the job supports in place and how they will be maintained along with the responsible party. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.



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Responsible persons:

**Self-Advocacy:** Describe the job seeker’s self-advocacy strategies and goals, along with any concerns that may need to be addressed throughout employment. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.

Responsible persons:

**On-going Employment Goals:** Describe the strategies and methods for addressing the individuals On-going employment goals. (These should be based on client choice and will change over time. Examples include appropriate work relationships, increasing efficiency, taking on new tasks, increasing hours, career advancement, etc.) Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.

Responsible persons:

**On-going Supports & follow-up:** Describe the strategies that will be used for ongoing identification & provision of on-going supports and follow-up through-out employment to address interpersonal behaviors, workplace behaviors, adjustment services and retention. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.

- TWICE-MONTHLY CONTACT WITH THE CLIENT AT THE WORK SITE TO ASSESS JOB STABILITY OR, IF REQUESTED AND APPROPRIATE, OFF-SITE MONITORING.

Responsible persons:

**Additional areas of concern:**

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GOVERNOR  
DIRECTOR



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EXECUTIVE

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Responsible persons:

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**SERVICE PROVIDER SIGNATURE**

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**VR COUNSELOR**

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**CLIENT SIGNATURE**

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**CLIENT REPRESENTATIVE SIGNATURE**

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**DATE**