

Georgia Vocational Rehabilitation Agency

January 22-26, 2024

Provider Small Group Sessions

Program Support/Provider Relations

providermanagement@gvs.ga.gov



Provider Small Group Session Agenda

10:00 AM – 10:15 AM **Welcome & Introductions**

10:15 AM – 11:00 AM **Topic of Discussions**

- PRS's and Assigned Districts
- Supported Employment Contract Amendments
- Updated SE Invoices and VR Standard Invoice
- New GVRA/Provider Referral Form
- Vendor Portal Training and Scheduling
- Program Reviews, Scheduling and Required Documents
- Payment Processing and Friendly Reminders
- Attestation Statement
- Payment Rejections Reasons To Avoid
- Counselor Signature on Authorizations

11:00 AM – 11:30 AM **Questions**

11:30 AM – 12:00 PM **VR Staff and Provider Discussions**



FY24 Provider Relations Specialist

1. Ayesha Hussain - Districts 1 & 2
2. Della Showers - Districts 3 & 4
3. Bilaji Nekkanti - Districts 5 & 7
4. Courtney Sapp - Districts 6 & 8

District Changes:

- Some Providers have been reassigned to different PRS's
- PRS Introductory Letter of Communication will be sent notifying providers of the change

Supported Employment Contract Amendments



- **Signatures**

- Each SE provider will be receiving an amended contract with the new SE Service Codes. The amended contract will include the old SE Service Codes as well as the new codes until the case is closed.
- Some providers will receive an increase amendment
- You will need to sign your amended contract and submit back to be uploaded to your profile in Aware.

- **Fee Schedule**

- All contracts will not include the Fee, ONLY the service codes and description are listed on the contracts.
- Visit the GVRA website to see the Fee schedule. We have included documents required for payment processing in the description area of the Fee Schedule for each section.

New Supported Employment Invoices

Providers and Prospective Providers | Georgia Vocational Rehabilitation Agency

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. Payroll 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)

Phase: (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 GVRAP 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

CUSTOMIZED SUPPORTED EMPLOYMENT INVOICE

TO: _____ PROVIDER NAME: _____
 Vocational Rehabilitation Program

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. (\$3,000.00 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: _____
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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.
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 Service Provider Representative Signature Date

IPS 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
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 Service Provider Representative Signature Date

- Sections A & B are not required on Supported Employment Invoices, ONLY the Attestation Statement
- As an FYI, VR Staff/Counselor is to complete the form associated with Service Identification. Providers should not be creating this form.



GVRA/Provider Referral Form

1. Referrals can be completed online.
2. GVRA Staff and Providers will be able to complete the Referral form.
3. We are currently finalizing the form and welcome your feedback as a provider

Clear Form

GVRA/PROVIDER REFERRAL FORM

General Instructions: This referral form can also be used when referring students. Please complete in its entirety

DATE OF REFERRAL: _____ REFERRAL SOURCE: Provider VR Staff

<u>CLIENT CONTACT INFORMATION</u>	Gender:	Male	Female	They/Them	Did Not Identify
Client's First Name: _____	Last Name: _____	Date of Birth: _____			
Street Address: _____	City: _____	State: _____	Zip Code: _____		
Primary Contact Number: _____	Email: _____				
Guardian/Power of Attorney: _____	Phone Number: _____	Email: _____			
School Attending: _____ (If applicable)	Disability: _____				
<u>REFERRAL SOURCE CONTACT INFORMATION</u>	Organization Name: _____				
First Name: _____	Last Name: _____	Title: _____			
Street Address: _____	City: _____	State: _____	Zip Code: _____		
Primary Contact Number: _____	Email: _____				
<u>PROVIDER SELECTED (For VR Staff Use Only)</u>	Provider's Name: _____ Phone Number: _____ Email: _____				
<u>REFERRAL INFORMATION</u>	Reason for Referral: _____				
Functional Limitations: _____					
Accommodations: _____					
Identify Employment Goals: _____					



Vendor Portal Training

The Vendor Portal Access Request Form is located under the Form Section online



Georgia Vocational Rehabilitation Agency

Vendor Portal Training Schedule

- Training Sessions will be held virtually beginning at 1:00 PM - 2:00 PM
- Training Link will be sent prior to training date

December	1 15
January	3 17
February	2 16
March	1 15
April	1 15
May	1 17
June	3 17
July	1 15
August	1 16
September	2 16

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Georgia Vocational Rehabilitation Agency



VENDOR PORTAL TRAINING

Provider Relations is happy to announce beginning in December, "Vendor Portal Training" will be provided semi-monthly in a small group virtual setting. Any newly hired employee or an employee who needs a refresher will have an opportunity to receive training that will assist them in submitting timely invoices for payment processing.

How To Schedule Training

- Go to the GVRA website: Providers and Prospective Providers and complete the "Vendor Portal Access Request Form."
- The form must be completed one week in advance of the training date. The calendar will also be placed on our website for your scheduling convenience.
- To participate in the training session, you must have access to a computer.
- This will be an interactive training session.
- You will be able to ask questions of the Provider Relations Specialist who will direct you step by step through the process.
- All training will be conducted in TEAMS.

An email confirmation notice will be sent following registration for the training. If you require special accommodations, please schedule your training one month in advance.

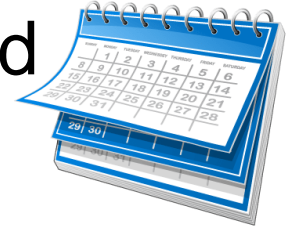
Learn How To Successfully

- LOG INTO THE VENDOR PORTAL**
Reset Password, Vendor Portal Link
- SEARCH FOR AUTHORIZATIONS**
Open, Closed, Canceled Authorizations
- UPLOAD DOCUMENTS**
Invoices, Time Sheets, Reports, Delete Documents
- REQUEST PAYMENT/CHECK STATUS**
Payment requests, Payment Status, Rejections
- ADD/DELETE NEW HIRE**
Request to add new staff, Delete staff
and more...

PROVIDERMANAGEMENT@GVS.GA.GOV



Program Reviews, Scheduling and Required Documents



During the FY24 Program Reviews certain documents will be required as outlined in your service agreement and Provider Guidelines Manual.

- **Year End Summary Report-** Due By November 1st.
- **Annual Financial Audit Report (Section K18)-**Due 180 days after Fiscal Year.
- **Fitness Determination Letter (K9 C)-**Required for individuals providing direct care.
- **Business License (Section K14)-**Must provide proof or be current on Business search registration website
- **Certificate of Insurance (Section J)-**Must include expiration dates for General Liability and Worker's Comp if applicable.
- **Critical Incident Reporting Signage (Section G).**
- **Sexual Harassment Certification (K16 a-c)-** Must provide proof of certification



Payment Processing Friendly Reminders

- **DO NOT** issue an invoice for services provided without an authorization. All services must be authorized, In Doing so, the invoice will be rejected, and no payment will be issued.
- Individual Invoices, Sign-In Sheets and reports must be submitted through the Vendor Portal for payment to be processed.
- Supported employment invoices are to be submitted in the vendor portal. **Monthly progress reports are to be emailed to counselors.**
- Group Invoice Packets must be submitted via email to fiscalservices@gvs.ga.gov. Do not submit through the vendor Portal.
- You must check one or more options in section A of the invoice. If no box is checked the invoice will be rejected
- If no signature was captured while providing services, You must check option B and provide a valid explanation, or the invoice will be rejected.
- If you are using your own personal invoice, you must include ALL the information from the GVRA template.

Payment Processing Friendly Reminders Continued

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
- Client signed progress report
- 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.

PROVIDER SIGNATURE:  _____

DATE:  _____



Sections A & B are not required on Supported Employment Invoices

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 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.

PROVIDER SIGNATURE: _____ **DATE:** _____

Requirements For Approval:

- Attestation statement is required on ALL invoices as of May 1, 2023.
- The attestation statement verbiage must be identical to the one that has been provided above. Any deviations and the invoice will be rejected.
- **SIGNATURE AND DATE MUST** be included at the bottom of the Attestation Statement. No Signature and Date and the invoice will be rejected.



Payment Rejection Reasons To Avoid



- Page 2 missing the Identifying Information at the top of the page
- Standard Invoice did not include sections A and/or B completed
- Invoice missing the Attestation Statement
- Attestation Statement did not include signature and date or one and not the other
- Documents not uploaded to the portal
- No Client signature
- Incorrect Authorization on the invoice
- Incorrect amount submitted for payment request
- Dates of Service does not match
- Discrepancy in total number of hours
- Another client's documents uploaded with someone else
- Duplicate Payment Request
- Invoice uploaded for the wrong client
- No amount included on the invoice for service provided
- Dates of Service different on Invoice and second page

We want you to be compensated for services provided

- Remember, All invoices authorized for services completed in the month of January are due within 30 days.
- If services were not provided contact your PRS so the Authorization can be cancelled and prevent aging/outstanding authorizations
- Provider must request a payment within 30 days from the time a service was provided to receive payment.
- Payments are processed within 30 days from the time a payment request is submitted



DON'T FORGET TO INCLUDE:

Invoice, Attestation Statement with Date and Signature, Report, and Sign-In/Activity Sheet and other supporting documents



VR Staff and Provider Discussions



Questions?

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