

Georgia Vocational Rehabilitation Agency

January 31, 2024

Provider Forum

Program Support/Provider Relations

providermanagement@gvs.ga.gov



Provider Forum Agenda

10:00 AM – 10:15 AM **Welcome & Introduction of Provider Relations Specialists**

10:15 AM – 11:45 AM **Program Updates from Provider Relations**

- Braves Game Day
- Supported Employment Contract Amendments
- Supported Employment Invoices
- Individual Job Placement
- VR Standardized Invoice
- Payment Processing and Rejections
- Universal Referral Form
- Vendor Portal Training and Schedule
- Program Reviews and Required Documents
- Background Check-Idemia & Security USA LLC

11:45 AM – 12:00 PM **Questions**





Game Day

1. GVRA Day with the Braves Flyer can be distributed to students, parents, schools, etc.
2. Survey Link. The deadline to respond was Friday, January 19, 2024
3. Game starts at 12:30 PM



GVRA DAY with the Atlanta Braves

Join us for a day of learning and fun with the Atlanta Braves at Truist Park! It's free to eligible Georgia high school students with a disability.

Contact your school's GVRA Pre-ETS provider or representative to apply. Deadline for sign-up is May 17th, 2024.

WHAT: Day of Learning & Braves Game
WHEN: Event Day is Sunday, June 30th, 2024
WHO: Space Available for 2,000 Eligible Students



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Supported Employment Contract Amendments



- **Signatures**

- Each Supported Employment provider will be receiving an amended contract with the new Supported Employment Service Codes. The amended contract will include the old Service Codes as well as the new codes until the case is closed.
- You will need to review and sign your amended contract and email back to provider management.

- **Fee Schedule**

- Visit the GVRA website at [Providers and Prospective Providers | Georgia Vocational Rehabilitation Agency](#) to see the Fee/Rate schedule.
- We have included required documents for payment processing in the description area of the Fee Schedule
- The Annex B of the contract does not include the Fee/Rate of services

Updated Traditional Supported Employment Invoice

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 110 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_18200-2023 Traditional Supported Employment Invoice



Updated IPS Supported Employment Invoice

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

\$ _____ 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. Payscale/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 110 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 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

VOC-18156-2023 IPS Supported Employment Invoice



Updated Customized Supported Employment Invoice

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.
(\$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 110 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 CVRA/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-18153-2023-Customized Supported Employment



Individual Job Placement

- Is an individualized approach to locating employment opportunities and assisting clients obtain employment that is consistent with the Individualized Plan for Employment and informed choice.
- GVRA approved provider who have these services added on their contract
- These services are not required to be coupled with any other services.
- These services are not appropriate for any Supported Employment cases.
- Job Coaching may be provided if necessary.



Payment Processing Friendly Reminders

- **DO NOT** issue an invoice for services provided without an authorization. All services must be authorized.
- 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 Standardized Invoice. If no box is checked the invoice will be rejected.
- If no signature was captured while providing services, You must check Section 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 approved invoice 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

Universal Referral Form

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



[Clear Form](#)

GVRA/PROVIDER REFERRAL FROM

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



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

providermanagement@gvs.ga.gov



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



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

Program Reviews 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 end of 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) and Form**
- **Sexual Harassment Certification (K16 a-c)-** Must provide proof of certification

New Background Check Vendor



- GVRA will be transitioning to a new background check vendor Idemia & Security USA LLC (Idemia) on or before July 1, 2024
- For further details you can visit: <https://gcicweb.gbi.state.ga.us/>
- If your agency does not have an ORI Number, you can complete the ORI Request Form provided on the website above





Georgia Crime Information Center (GCIC)
Law 92-544 ORI Request Form
Criminal History Record Checks for Volunteers/Employees

Submit completed form by email to NCJ.ORIrequests@gbj.ga.gov.

Agency Name:	
Physical and Mailing Address:	County:
City:	Zip code:
Business Phone:	Fax:
Agency Head:	Title:
POC (Point of Contact):	Title:
Contact Phone:	
Email Address:	
ARSO (Authorized Recipient Security Officer):	
Will this ORI be used to fingerprint submissions of?	
Employees <input type="checkbox"/>	Volunteers <input type="checkbox"/>
Contractors <input type="checkbox"/>	Alcohol License <input type="checkbox"/>
Is this agency a private or public school? Private School <input type="checkbox"/> Public School <input type="checkbox"/>	
Will this ORI be used for GAPS Enrollment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
AUTHORIZING STATUTE (ex. 3-3-2 - Alcohol/liquor licensee):	

IMPORTANT

NON-CRIMINAL JUSTICE AGENCIES: The agency head or designee, of a non-criminal justice agency, i.e. State, County, or City Government, public or private school requesting an ORI number must submit this form along with the GCIC Agency User Agreement. Additionally, the request must state whether the agency is requesting an ORI to conduct FBI fingerprint-based record checks under the authority of 1) a specific state law (D.C.G.A.) that is a FBI approved Public Law (Pub. L.) 92-544 statute or, 2) federal authority (such as the Adams Walsh Child Protection and Safety Act). In addition, further information may be necessary for ORI requests submitted for FBI record checks under federal authority.

Signature: _____	Date: _____
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GCIC Use Only - ORI Numbers

ORI _____ Date _____

Questions?

January 31, 2024

Provider Forum

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