



Ohio Association of Goodwill Industries
Proponent Testimony
Senate Government Oversight and Reform Committee
SB 221 – Agency Rulemaking
November 29, 2017

Chair Coley, Vice Chair Uecker, Ranking Member Schiavoni and members of the Senate Government Oversight and Reform Committee, I am Emily Turner, the Executive Director of the Ohio Association of Goodwill Industries. Thank you for hearing my testimony regarding SB 221 which will help regulated entities stay informed of and comply with agency policies and rules.

The Ohio Association of Goodwill Industries (OAGI) consists of 16 non-profit Goodwill Industries which serve all 88 counties in Ohio. Our members believe that the pathway to independence is through the power and dignity of work. Goodwills provide family strengthening and employment services to individuals with disabilities and other barriers. Last year, OAGI members served more than 75,000 individuals, 85% of whom had a disadvantaging condition such as long-term unemployment, a criminal record, low educational attainment or a physical or intellectual disability. Collectively, our 16 members generated \$256 million in revenue, the majority of which was generated through our retail thrift stores and other commercial and industrial enterprises to support our mission.

The services Goodwill provides are generally funded through those mission dollars or through a fee-for-service model with state agencies such as Opportunities for Ohioans with Disabilities, the Ohio Department of Aging, the Ohio Department of Jobs and Family Services, the Ohio Department of Developmental Disabilities, or the Ohio Department of Mental Health and Addiction Services. Services include job development, career navigation, employment training, home based services, day services, transportation and more.

A large part of my job is monitoring the policy and rule-making activities of these various agencies. I try to stay informed about any changes and share that information with our members to ensure that we participate in the process as necessary and more importantly, that we stay in compliance with the rules and policies as they are approved.

What I have discovered is that this is more difficult than it appears because there is a lack of consistency in the types of things agencies move through the policy process and what they move through the rule process. The result is that it is extremely difficult for providers and other regulated entities to stay informed or participate in the process because sometimes we receive notice and sometimes we do not, depending on if it is a rule or policy. I have attached two examples to my written testimony to illustrate this situation (see attachments) that I will describe briefly.

The first example is the establishment of definitions for services. In August of this year, ODJFS went through the rule-making process to modify existing definitions for child care services, with that process came the obligatory public notice and input. However, just a few months before that, OOD established a complete set of definitions for vocational rehabilitation services through an internal policy. I learned of the OOD definitions after they were in place because they were



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referenced in another OOD policy that I received through a public records request. Both sets of definitions impact service providers but each agency used a different process to create and implement them.

The second example is a set of three policies that were enacted by OOD in May of this year. (80-VR-09, 80-VR-09.01, and 80-VR-09-01.A). These three policies govern how OOD staff manage providers of vocational rehabilitation services, such as Goodwill Industries. However, several provisions of these internal policies apply not only to OOD staff but also to providers. Two of the policies conclude with the statement “Providers who violate this policy may be removed from the list of approved providers.” (80-VR-09 and 80-VR-09.01 Section I.2). These policies were announced after they were effective in May 2017 and they create a couple of problems. First, one may argue that because the regulation affects providers, it should have gone through the rule process and second, the process used by OOD is different from other agencies such as JFS which consistently sends notifications and a comment period to stakeholders prior to policy changes.

These two examples illustrate the inconsistency in what agencies decide to process as a rule and what is processed as a policy. They also illustrate how difficult it is to predict where and when to look for regulations that apply to service providers. It is important to note that OAGI is fortunate to have a good working relationship with OOD and I have spoken to Director Miller about these specific examples so he is aware of the challenges that providers have with the different agency approaches. We will continue to work with OOD but the issue but the issue still exists – state agencies approach rule-making and policy-making in various ways.

Therefore, we support SB 221 because we believe it will improve the consistency in rules and policies by creating multiple mechanisms for the review of agency policies. SB 221 would create a routine review of policies at least once during each Gubernatorial term. It would also create the possibility for stakeholder initiated reviews through JCARR and directly with the agency, all of which will generate systematic attention to the policy and rule-making processes that currently operate in a wide variety of ways among state agencies. So, going back to the examples I provided, if there is confusion over whether or not an agency’s internal policies should be a rule and SB 221 was in effect, we would have several avenues for a systematic and timely review of those internal policies.

Non-profit and for-profit businesses are subject to many rules, regulations and policies that have a direct impact on our daily operations. We appreciate Senator Uecker for introducing this bill and for this committee’s consideration of it. I will be happy to answer any questions.

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5101:2-12-01

Definitions for licensed child care centers.*Example 1*

- (A) "Administrator" means the person responsible for the daily operation of the center. The administrator and the owner may be the same person. The administrator is also a child care staff member.
- (B) "Adult" means an individual who is at least eighteen years of age.
- (C) "Advanced practice registered nurse (APRN)" means a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife or certified nurse practitioner under Chapter 4723. of the Revised Code. This was previously called advanced practice nurse (APN).
- (D) "Career pathways model" means an alternative pathway to meeting the requirements for a child care staff member or administrator that uses an approved framework to document formal education, training, experience, specialized credentials and certifications. This allows the child care staff member or administrator to achieve a designation as an early childhood professional level one, two, three, four, five, or six.
- (E) "Certified nurse practitioner (CNP)" means a registered nurse who holds a valid certificate of authority issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as a CNP in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.
- (F) "Child" means an infant, toddler, preschool child or school-age child.
- (G) "Child care" per section 5104.01 of the Revised Code means all of the following:
- (1) Administering to the needs of infants, toddlers, preschool-age children and school-age children outside of school hours.
 - (2) By persons other than their parents, guardians, or custodians.
 - (3) For ~~any~~ part of the twenty-four-hour day.
 - (4) In a place other than a child's own home, except that an in-home aide provides child care in the child's own home.
 - (5) For the purposes and requirements of this chapter, "child care" is limited to a program licensed or required to be licensed by the department pursuant to this chapter or a program with a contract to provide publicly funded child care pursuant to section 5104.32 of the Revised Code;
- (H) "Child care staff member" means any adult employed by a child care center who is responsible for the care and supervision of children.

- (I) "Drop-in center," as defined in Chapter 5104. of the Revised Code, means a center that provides child care for children on a temporary, irregular basis. "Temporary and irregular" means no more than thirty days a year for any child enrolled. Drop-in centers shall comply with all rules in Chapter 5101:2-12 of the Administrative Code except:
- (1) In reference to rule 5101:2-12-25 of the Administrative Code, the drop-in center shall not administer any medication, food supplement or modified diet.
 - (2) In reference to rule 5101:2-12-20 of the Administrative Code, the drop-in center shall not be required to provide a cot for each child the center is licensed to serve.
 - (3) In reference to rule 5101:2-12-04 of the Administrative Code, the drop-in center which does not prepare and serve food shall not be required to obtain a health department approval.
 - (4) In reference to rule 5101:2-12-11 of the Administrative Code, the drop-in center shall not be required to meet the provisions of paragraphs (C) and (D) of that rule, but if these provisions are not met, the drop-in center shall have a specific plan to provide for gross motor activity for children in care. If a drop-in center chooses to include outdoor play the drop-in center shall meet the requirements of paragraph (A)(5) of rule 5101:2-12-17 of the Administrative Code.
- (J) "Employee" means a person who is at least fifteen years old, receives compensation for duties performed in a child care center or has assigned work hours or duties in a child care center.
- (K) "Field trips" means infrequent or irregularly scheduled excursions from the center.
- (L) "Food supplement" means a vitamin, mineral, or combination of one or more vitamins, minerals and/or energy-producing nutrients (carbohydrate, protein or fat) used in addition to meals or snacks.
- (M) "Infant" means a child who is under eighteen months of age.
- (N) "License capacity" is the maximum number of children who may be cared for in a child care center at any one time. License capacity is indicated on the license. License capacity is not the same as the total number of children enrolled in the center or attending the center on any given day. Children away from the center on a field trip or a special outing, and under the supervision of a child care staff member, shall be included in the count for license capacity.

- (O) "Medication" means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, or prescribed or recommended by a physician or advance practice nurse certified to prescribe medication, and permitted by the parent for administration or application.
- (P) "Modified diet" means any diet eliminating the use of any one or more of the four food groups or altering the amount of food required to be served to meet one-third of the recommended dietary allowance as required by rule 5101:2-12-22 of the Administrative Code.
- (Q) "Owner" includes a person, as defined in section 1.59 of the Revised Code, or government entity.
- (R) "Parent" means the father or mother of a child, an adult who has legal custody of a child, an adult who is the guardian of a child, or an adult who stands in loco parentis with respect to a child, and whose presence in the home is needed as the caretaker of the child. Parent has the same meaning as "caretaker parent" as defined in section 5104.01 of the Revised Code.
- (S) "Parent cooperative child care center", as defined in Chapter 5104. of the Revised Code, means a corporation or association organized for providing educational services only for children of its members without gain to the corporation. Ownership and control of the corporation or association rests solely with its members, and at least one parent member of the corporation is on the premises during the center's hours of operation. Parent cooperatives shall comply with all rules in Chapter 5101:2-12 of the Administrative Code except:
- (1) In reference to rule 5101:2-12-07 of the Administrative Code, the duties of the administrator of a parent cooperative may be carried out under the supervision and in conjunction with a parent board.
 - (2) In reference to rule 5101:2-12-07 of the Administrative Code, the parent board of a parent cooperative, in cooperation with the administrator, may be responsible for conducting preadmission interviews.
 - (3) In reference to rule 5101:2-12-04 of the Administrative Code, the parent cooperative center which does not prepare and serve food shall not be required to obtain a health department approval.
- (T) "Part-time child care center," as defined in Chapter 5104. of the Revised Code, means a center that provides child care for no more than four hours per day for any child

or no more than fifteen weeks per summer. Part-time child care centers shall comply with all rules in Chapter 5101:2-12 of the Administrative Code except:

- (1) In reference to rule 5101:2-12-20 of the Administrative Code, the part-time center, which does not include a nap as part of their scheduled daily program, shall be required to provide only one washable cot, mat, or pad for an ill child.
 - (2) In reference to rule 5101:2-12-07 of the Administrative Code, an administrator of a part-time center may have duties as a child care staff member during all hours of operation.
 - (3) In reference to rule 5101:2-12-17 of the Administrative Code, only the part-time center which includes outdoor play as part of their scheduled daily program shall be required to comply with all stipulations of that rule, except as indicated in paragraph (A)(5) of rule 5101:2-12-17 of the Administrative Code, for a part-time program that provides child care for no more than four hours per day for any child.
- (U) "Physician" means a person issued a certificate to practice in accordance with Chapter 4731. of the Revised Code and rules adopted by the state medical board or a comparable body in another state.
- (V) "Physician assistant (PA)" means a person who has obtained a valid certificate to practice in accordance with Chapter 4730. of the Revised Code and rules adopted by the state medical board or a comparable body in another state.
- (W) "Preschool child" means a child who is three years old or older but is not a school-age child.
- (X) "Public children services agency (PCSA)" means an entity specified in section 5153.02 of the Revised Code that has assumed the powers and duties of the children services function prescribed by Chapter 5153. of the Revised Code for a county.
- (Y) "Routine trips" means repeated excursions off the center premises which regularly occur on a previously scheduled basis and that parents have been made aware of the destinations of the trip.
- (Z) "School-age child" means a child who is enrolled in or is eligible to be enrolled in a grade of kindergarten or above, but is less than fifteen years old, unless the child meets the definition of special needs as defined in this rule.
- (AA) "Serious risk noncompliance" means a licensure rule violation that has the potential to lead to a great risk of harm to, or death of, a child.

- (BB) "Special needs" means providing child care services to a child who is under eighteen years old who does not function according to age appropriate expectations in one or more of the following areas of development: social/emotional, cognitive, communication, perceptual-motor, physical, or behavioral development, or the child has chronic health issues. The child's delays/condition(s) affect development to the extent that the child requires special adaptations, modified facilities, program adjustments or related services on a regular basis in order to function in an adaptive manner.
- (CC) "Substitute" means a child care staff member who replaces an assigned staff member on a temporary basis.
- (DD) "Toddler" means a child who is at least eighteen months of age but less than three years of age.
- (EE) "Transitioning child" means any child enrolled in a center who, for easy adjustment, is temporarily being placed with a group prior to being permanently assigned to that group.
- (FF) "Voluntary temporary closure" means the program requests to stop serving children, but not close the license. A voluntary temporary closure shall not exceed twelve months.

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Five Year Review (FYR) Dates: 12/31/2021

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10/12/2017

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Providing Public Notice of State Agency Rule-Making

Most Recent Filings of Rule Number 5101:2-12-01

Rule Title (Amendment):
Rule Title (Rescission):
Rule Title (New):
Sponsoring Agency:
Contact:

Definitions for licensed child care centers.
 Definitions for licensed child care centers.
 Definitions for licensed child care centers.
 Department of Job and Family Services
 Mike Lynch 614-466-4605

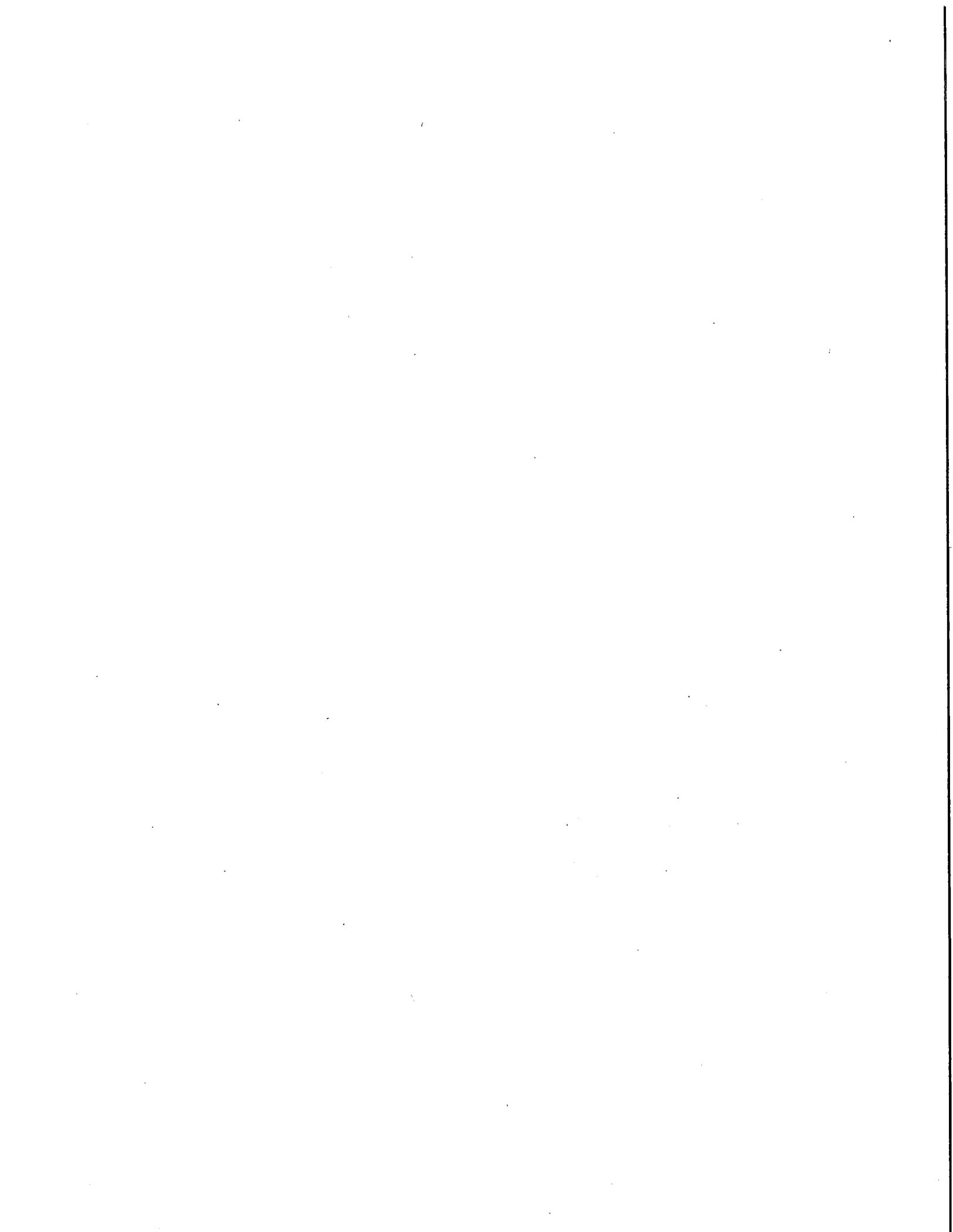
MOST RECENT ACTIONS

DOCUMENTS FILED

File Date	Rule Action	Rule Type	Promulgated Under	Public Hearing Date	Effective Date	Last Day in Effect	Five Year Review	Public Notice	RSFA	Rule	CSI	Appendices
10/12/2017	Final Filing	Amendment	119.03	09/06/2017	10/29/2017		N	View				View
12/06/2016	Final Filing	Rescission	119.03	10/05/2016	12/31/2016		Y	View				View
12/06/2016	Final Filing	New	119.03	10/05/2016	12/31/2016		N	View				View

To view all filings of this rule number since July 2000, click [here](#).

Hearing Summary Reports and Referral/Re-referral documents are available in the "Public Notices" section of the [Register of Ohio](#).



504 Education Plan – a plan developed to ensure that a student who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment. An appropriate education for a student with a disability under the Section 504 regulations could consist of education in regular classrooms, education in regular classes with supplementary services, and/or special education and related services.

Acquaintance – a person whom an employee knows and for which the relationship could lead to the appearance of impropriety if the employee took action on his or her case (extended family members, friends).

Adaptive Driver's Training – specialized driver's training for individuals with disabilities prescribed by the driver rehabilitation specialist and provided by a qualified driver rehabilitation specialist pursuant to Ohio Administrative code section 3304-6-02(D)(2)

Addendum Services – services that a provider includes on their Provider Agreement that are not part of any of the VR fee schedules (i.e. VR, Medical, Dental or Psychological).

Administrative Review – an informal meeting or discussion that an applicant, eligible individual or former eligible individual and, if applicable, his/her parent or legal guardian may choose to attend in order to discuss the concerns surrounding a request for a fair hearing and seek an immediate resolution. *Note: For VR appeal*

Agency-Neutral - part of the Employment First Transition Framework in which professionals contribute based on what will assist the youth to achieve outcomes and not based on what their specific agency is able to provide.

Agency Voter Registration Coordinator – designated OOD employee that is responsible for administering all aspects of the agency's Voter Registration Program as prescribed by the Secretary of State (SOS).

Ancillary (Auxiliary) Services - services needed by an applicant or eligible individual to enable their participation in vocational rehabilitation services which may include, but are not limited to: transportation or clothing. These services cannot be stand alone.

Annual Review – discussion between the counselor and the eligible individual and, if appropriate, the eligible individual's authorized representative, to review the progress toward the employment outcome specified in the IPE.

Applicant – an individual who submits an application for vocational rehabilitation services in accordance with 34 CFR 361.41(b)(2) or an individual for independent living services (IL) or independent living older blind (ILOB) in accordance with OOD policies and procedures.

Appropriate Modes of Communication – specialized aids and supports that enable an individual with a disability to comprehend and respond to information that is being communicated. Appropriate modes of communication include, but are not limited to, the use of interpreters, open and closed captioned videos, specialized telecommunications services and audio recording, Brailled and large print materials, materials in electronic formats, augmentative communication devices, graphic presentations, and simple language material.

Assessment – for the purpose of determining eligibility, order of selection (OOS) and VR needs, a review of existing data to determine: 1) if an individual is eligible for VR services; 2) to assign priority for order of selection; and 3) to the extent necessary, the provision of appropriate assessment activities to obtain additional data to make the eligibility determination and order of selection assignment.

Assessment Service – tools performed or purchased to assist in determining eligibility, priority category under order of selection and VR needs.

Assistive Technology Device – any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an individual with a disability.

Assistive Technology Service – any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.

Authorization – an AWARE generated documented permission, with a specified time range and dollar amount, to provide specific supplies or services to a specific applicant or eligible individual. (Legal 3/14)

Authorized Representative – includes a family member, guardian, advocate, or any other person authorized, via a signed consent, by the applicant or eligible individual. Refer to “Legal Guardian” for an individual authorized by the courts.

AWARE (Accessible Web-Based Activity and Reporting Environment) - an electronic VR case management system which houses an individual’s confidential information and data.

Business Consultant – a professional who has experience working with individuals to develop business plans. Consultants also evaluate business ideas, determine the potential for success and may assist in business start-up ventures. Often these individuals have background and experience in accounting, marketing, business development, or business ownership. Business consultants work for agencies or are self-employed as independent service providers.

Business Ownership – the legal right to possess a for-profit business that is involved in the trade of goods, services, or both to the general public or other business entities.

Career Counseling - a process that will help individuals to know and understand themselves and the world of work in order to make career, educational, and life decisions.

Certificate Holder – Documentation that an individual is eligible to be compensated in accordance with section 214(c) of the Fair Labor Standards Act or who is in extended employment, including those individuals who record of services is closed while the individual is in extended employment on the basis that the individual is unable to achieve an employment outcome consistent with 34 CFR 361.5(c)(15) or the individual made an informed choice to remain in extended employment.

Client Assistance Program (CAP) – a federally mandated program that advocates for and protects the rights of individuals with disabilities who are applying for or receiving rehabilitation services from OOD and/or the Independent Living Centers throughout Ohio. CAP provides individual legal representation and advocacy, services, outreach, education, information and referral.

Career Exploration – a service on OOD’s Vocational Rehabilitation fee schedule that is utilized to assist an eligible individual in selecting an appropriate employment outcome amongst several potential options. These services are intended to provide the eligible individual: 1) the opportunity to interact and observe people performing job tasks; 2) the ability to conduct informational interviews with people who perform duties of an identified occupation; 3) the opportunity to job shadow; and/or 4) the opportunity to perform actual job tasks.

Civil Rights Complaint – when an applicant, eligible individual, former eligible individual or if applicable, their parent or legal guardian states that the applicant, eligible individual or former eligible individual has been discriminated against on the basis of race, color, religion, national origin/ancestry, disability, age (40 years or older), sexual orientation, gender or sex, veteran or military status, and/or genetic information or in any manner prohibited by law.

Clear and Convincing Evidence – evidence indicating that an individual is incapable of benefiting from vocational rehabilitation services must be highly probably or reasonably certain.

Community Rehabilitation Program (CRP) - a program that is preliminarily accredited, accredited or certified in accordance with Ohio Administrative Code 3304-1-12 and provides directly or facilitates the provision of vocational rehabilitation services to applicants or eligible individuals to enable them to maximize their opportunities for employment, including career advancement.

Comparable Services and Benefits – services and benefits, including accommodations and auxiliary aids and services, that are provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance, or by employee benefits. Comparable services and benefits must be available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome in the Individualized Plan for Employment and commensurate to the services that the individual would otherwise receive from OOD. Comparable services and benefits do not include awards and scholarships based on merit.

Comprehensive Assessment – the process, documented on OOD's Comprehensive Assessment Form, used to determine an eligible individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interest and the need for supported employment in the most integrated setting possible, consistent with the informed choice of the eligible individual.

Competitive Integrated Employment – work that is performed on a full-time or part-time basis, including self-employment, for which the eligible individual is compensated at a rate that: 1) is the higher of either the rate specified by the Fair Labor Standards Act (FLSA) or the state minimum wage; 2) is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training experience, and skills; 3) in the case of self-employment, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or similar tasks and who have similar training experience and skills; and 4) is eligible for the level of benefits provided to other employees. Work must be at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons and that, as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

As defined in OAC 3304-4-01 "Personal Care Assistance Program" Competitive Employment – full-time or part-time work in the competitive labor market in an integrated setting for which earnings are equivalent to at least twenty hours per week at the minimum wage.

Confidential information – any information received or created about any person who has been referred to OOD, has applied for services, is currently receiving services or has received services. Anyone who has access to information held by OOD shall keep such information confidential.

Confidentiality – the ability to protect the identity of and any information relating to applicants or eligible individuals when collecting, using and releasing personal information.

Contractual Support Staff (CSS) – an individual who works for a VR Contractor who is involved in the processing of authorizations and/or invoices in AWARE as well as other administrative duties as assigned.

Coordinator – an individual who works for a VR contractor and who performs case management activities (not including non-delegable functions that must be performed by OOD staff) pursuant to a contract.

Corrective Action Plan (CAP) – a plan of action, which must address compliance findings including action steps, measureable goals and timelines, utilized to address areas, identified through evaluation activities, (e.g. audits, monitoring reviews, and desk reviews) needing improvement.

Counseling and Guidance – includes information and support services to assist an applicant or eligible individual in exercising informed choice, which includes personal adjustment counseling and vocational counseling, to maintain a counseling relationship throughout the rehabilitation process.

Current Procedures Terminology (CPT) – a five digit numeric code that is used to describe medical, surgical, radiology, laboratory, anesthesiology, and evaluation/management services of physicians, hospitals, and other health care providers. There are approximately 7,800 CPT codes ranging from 00100 through 99499.

Customized Employment - competitive integrated employment, for an individual with a significant disability, that is based on an individualized determination of the strengths, needs, and interests of the individual with a significant disability, is designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer, and is carried out through flexible strategies, which include but may not be limited to: 1) job exploration by the individual; and 2) working with an employer to facilitate placement, including customizing a job description based on current employer needs or on previously unidentified and unmet employer needs; developing a set of job duties, a work schedule and job arrangement, and specifics of supervision (including performance evaluation and review), and determining a job location; representation by a professional chosen by the individual, or self-representation of the individual, in working with an employer to facilitate placement; and providing services and supports at the job location.

Custody - the immediate charge, care and control of a thing or person, but not the final, absolute control of ownership which is generally done by court order, but does not divest the person in custody of his/her legal rights.

Disabled (D) – a category for an eligible individual who has a physical, mental or cognitive disability but is not expected to need multiple vocational rehabilitation services over an extended period of time and/or who does not have functional capacity limitations in terms of an employment outcome. *Note: Sometimes referred to as "Other Eligible Individuals".*

Declination Statement – a statement prescribed by the Secretary of State (SOS) that must appear on all applications for vocational rehabilitation services which reads "Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency."

Designated Agency – a state office or agency that provides public assistance or state funded programs primarily engaged in providing services to persons with disabilities and therefore is required to implement a Voter Registration Program.

Developmental Course – a preparatory college course, which does not typically count toward a student's degree, which helps students gain more knowledge and ability in key college-level skills which the student lacks in order to support their transition from high school to college.

Discovery Services- intensive assessment services, commonly associated with customized employment programs that are necessary when the eligible individual's potential skills and abilities are not readily apparent.

Educational Expenses – post-secondary costs including tuition, books, and fees. It may also include room and board when provided due to disability or training-related needs of the eligible individual or required by the educational program.

Electronic Record – a record created, generated, sent, communicated, received, or stored by electronic means.

Electronic Signature – an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.

Eligible Individual – an applicant for: 1) vocational rehabilitation services who meets the eligibility requirements under 34 CFR 361.42(a); 2) IL services who meets the eligibility under 34 CFR 364.40; or 3) ILOB services who meets the eligibility requirements under 34 CFR 367.5.

Employment Outcome – entering into or retaining full-time or, if appropriate, part-time competitive integrated employment; as defined in 34 CFR 361.5(b)(15), (including customized employment, self-employment, telecommuting, or business ownership), or supported employment in the integrated labor market, supported employment, or any other type employment in an integrated setting, that is consistent with an individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. *Note:* Volunteer work shall not be considered employment.

Evaluation Team Report (ETR) – a summary of the student's current performance, strengths and needs and establishes eligibility for special education services in school under one of the special education disability categories.

Expected Family Contribution (EFC) - A measure of an individual or their family's financial strength and is calculated according to a formula established by law. Taxed and untaxed income, assets, and benefits (such as unemployment or Social Security) are all considered in the formula.

Extended Employment – work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act.

Extended Employment Provider – a vocational rehabilitation service provider that provides vocational rehabilitation services to support an individual in a non-integrated or sheltered work setting.

Extended Evaluation – periodic assessments used if an eligible individual cannot take advantage of trial work experiences or if options for trial work experiences have been exhausted before a determination is made including a written plan for providing services necessary to make a determination.

Extended Services – ongoing support services and other appropriate services that are: 1) needed to support and maintain an eligible individual with a most significant disability, including youth with a most significant disability, in supported employment; 2) organized or made available, singly or in combination, in such a way to assist and individual in maintaining supported employment; 3) based on the needs of an individual, as specified in an IPE; 4) provided by VR Staff or VR Contractor, a private nonprofit organization, employer, or any other appropriate resource after an individual has made the transition from support from OOD; and 5) provided to a youth with a MSD not to exceed four years, or at such a time that a youth reaches age 25 and no longer meets the definition of youth with a disability, whichever occurs first.

Fair Hearing – a formal procedure, held pursuant to 34 CFR 361.47, OAC 3304-2-62 and ORC Chapter 119, similar in format to a court hearing, during which all parties have the opportunity to present their views in a legal setting, using witnesses, testimony, documents and legal arguments that each party believes are important for the impartial hearing officer to consider in order to render a decision.

Family Member – for the purposes of receiving vocational rehabilitation (VR) services, an individual who: is either a relative or guardian of the applicant or eligible individual or lives in the same household; has a substantial interest in the well-being of the applicant or eligible individual; and whose receipt of VR services is necessary to enable the applicant or eligible individual to achieve an employment outcome.

Fee Schedule – established rates of payment for various statewide vocational rehabilitation services.

Free Application for Federal Student Aid (FAFSA) - A form that can be prepared annually by current and prospective college students (undergraduate and graduate) in the United States to determine their eligibility for student financial aid.

Homemaker – an un-compensated vocational goal where the primary outcome is for the individual to perform the central functions of home management/maintenance.

Immediate Family Member – an individual who either is a relative or legal guardian of an applicant or eligible individual; or who serves in loco parentis (i.e. stands in place of parents) or who has an established relationship and lives in the same household.

Impartial Hearing Officer – an individual who: is not an employee of a public agency; has not been involved in previous decisions about the applicant or eligible individual, or former eligible individual; has knowledge of the delivery of VR services, the state plan, and the federal and state regulations governing the provision of services; has received training with respect to the performance of official duties; and has no personal, professional or financial interest that would conflict with objectivity in rendering a decision.

Independent Contractor - a person, business, or corporation that contracts to do work for another person according to his or her own processes and methods; the contractor is not subject to another's control except for what is specified in a mutually binding agreement for a specific job.

Independent Living (IL) Staff – any OOD employee who works within the Bureau of Services for the Visually Impaired (BSVI), Independent Living.

Individual (also see definition for applicant and/or eligible individual) – 1) a person who submits an application for vocational rehabilitation services in accordance with 34 CFR 361.41(b)(2).; 2) a person who meets the eligibility requirements for vocational rehabilitation services under 34 CFR 361.42(a); or 3) a person who meets the eligibility requirements for IL services under 34 CFR 364.40; or 4) a person who meets the eligibility requirements for ILOB services under 34 CFR 367.5.

Individualized Education Program (IEP) – a written document required for each child who is eligible to receive special education services. It is provided to a student who has been determined first to have a disability and, second, to need special education services because of that disability. The IEP, the team that develops it, and what it must contain are governed by Part B of the Individuals with Disabilities Education Act (IDEA) and amendments to it. The IEP provides information on children's current levels of performance and directs the special services and supports that are provided to students who have IEPs. It includes provisions for defining annual goals, evaluating progress, and formalizing what is to be a free and appropriate public education (FAPE) for the student with the disability.

Independent Living and Older Blind (ILOB) – a program that provides independent living (IL) services to older individuals (i.e. age 55 and above) who are blind including conducting activities that will improve or expand IL services for these individuals and help improve public understanding of the independent living needs of these individuals.

Individualized Plan for Employment (IPE) – a written plan developed from the comprehensive assessment process that identifies an employment outcome and necessary VR services to obtain the employment outcome. An IPE is developed for an eligible individual to whom OOD is able to provide services based on the order of selection. The IPE must include all of the content required under 34 CFR 361.46.

Informed Choice – providing applicants and eligible individuals and if applicable, their legal guardian, information and support services in order to assist the individual(s) in exercising their choice throughout the vocational rehabilitation process. Eligible individuals have an opportunity to make informed choices about their employment outcome, the services they need to reach their employment outcome, the provider(s) of services needed, and the methods used to obtain services. The eligible individual has the right to choose how to develop the IPE. However, the IPE must be approved by VR staff who will check to be sure that the IPE is consistent with federal and state law, regulation, policies and procedures.

Initial Stocks and Supplies – items necessary to the establishment of a new business enterprise during the initial start-up period, not to exceed 6 months.

Institutional Student Information Report (ISIR) – contains processed student information reported on the Free Application for Federal Student Aid (FAFSA), as well as key processing results and National Student Loan Data System (NSLDS) financial aid history information. ISIRs are sent electronically to schools by the Central Processing System (CPS).

Integrated Setting -

As it relates to the provision of services, is a setting typically found in the community in which individuals interact with non-disabled persons other than non-disabled persons who are providing services to the individuals (e.g. job coach).

As it relates to an employment outcome, is a location where the employee (i.e. individual) interacts, for the purposes of performing the duties of the position, with other employees within the particular work unit and the entire work site and, as appropriate to the work performed, other persons (e.g. customers and vendors) who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with these persons.

As defined in OAC 3304-4-01 "Personal Care Assistance Program" Integrated Setting - with respect to an employment outcome, is a setting typically found in the community in which applicants and eligible individuals interact with persons who do not have a disability, other than service providers, to the same extent that non-disabled persons in comparable positions interact with other persons.

Interpreter Services – services provided by qualified personnel for applicants and eligible individuals which includes sign language and oral interpreter services for those who are deaf or hard of hearing and tactile interpreting services for those who are deaf and blind.

Inventory Item – an asset purchased by the vocational rehabilitation (VR) program for an eligible individual's self-employment business or for an applicant or eligible individual's personal use (i.e. rehabilitative assistive technology) with the exception of equipment which is customized and therefore would not be conducive for recovery/re-issuance.

Job Coaching – one-on-one instruction to eligible individuals who have been hired by an employer to help the eligible individual learn job tasks, develop natural and peer supports, and to adjust to the work environment.

Job Development – a systematic approach to identifying and contacting potential employers who may or may not have a posted position opening for the purpose of assisting the eligible individual to obtain and successfully maintain permanent employment.

Job Placement – job placement assistance is a referral to a specific job resulting in an interview, whether or not the individual obtained the job.

Job-Related Services – job search and placement assistance, job retention services, follow-up services, and follow-along services.

Job Retention Services – less intensive (then job coaching) support services to an eligible individual who has been placed in employment in order to stabilize the placement and enhance job retention.

Job Seeking Skills Training (JSST) – training designed to provide an eligible individual the skills to successfully search and respond to potential job opportunities.

Job Shadowing- a work experience option where individuals learn about a job by walking through the work day as a shadow to a competent worker. The job shadowing work experience is a temporary, unpaid exposure to the workplace in an occupational area of interest to the individual.

Job Stabilization – the time in the case where all significant VR services have concluded or, in the case of job coaching, have been substantially reduced and/or reduced to the level of anticipated extended services for eligible individuals in supported employment.

Labor Market Information – the body of information that deals with the functioning of labor markets and the determination of the demand for and supply of labor. It includes, but is not limited to, such key factors as changes in the level and/or composition of economic activity, the population, employment and unemployment, income and earnings, wage rates, and fringe benefits. (4/30/13) (Legal 3/14)

Legal Guardian – a person lawfully invested (i.e. a parent of a minor or one who is court appointed) with the power, and charged with the duty, of taking care of the person and managing the property and rights of another person because the person is of minor age, or has a defect of understanding or self-control, or is considered incapable of administering his or her own affairs.

Participant Acknowledgement – document that is provided to, and signed by, individuals at application for vocational rehabilitation (VR) services that outlines expectations for participation in vocational rehabilitation services and the methods by which VR staff or VR contractors will communicate with the applicant or eligible individual.

Maintenance (Funds) – monetary support provided to an individual for expenses (e.g. meals, shelter, or clothing) that are in excess of the normal expenses of the applicant or eligible individual and that are necessitated by the applicant or eligible individual's participation in an assessment for determining eligibility and VR needs or the eligible individual's receipt of VR services under an Individualized Plan of Employment.

Major Life Activity – includes caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, breathing, learning, concentrating, speaking, thinking, communicating, and interacting with others, working, as well as the operation of a major bodily function.

Mitigating Measure – a medical treatment or device that eliminates or reduces the symptoms or impact of an impairment.

Mediation – the act or process of using an independent third party to act as a mediator, intermediary, or conciliator to assist persons or parties in settling differences or disputes prior to pursuing a formal administrative or other legal remedies; which under the VR program must be conducted in accordance with 34 CFR 361.57 (d) by a qualified and impartial mediator as defined in 34 CFR 361.5 (c)(43).

Most Significant Disability (MSD) – a category for an eligible individual who has a physical, mental or cognitive disability that seriously limits three (3) or more functional capacities (e.g. mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, and work skills) in terms of an employment outcome; and who is expected to need multiple VR services over an extended period of time.

Non-citizen National – persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Non-partisanship – not to be based on, influenced by, affiliated with, or supporting the interests or policies of one or more political parties.

Notice of Rights/Declination Form – a form or a statement that must be provided to all applicants, notifying them of their voter rights, and allowing them to indicate their desire to or decline to register to vote and to inform them their decision will not have any effect on the amount of assistance they will receive.

Non Delegable – Not capable of being or permitted to be delegated.

Non Delegable Function – a specific requirement or duty that cannot be assigned to a third party for completion.

Occupational Skills Training – refers to post-secondary programs that do not participate in the federal financial aid program (e.g. accepting Pell Grants) and are industry recognized training requirements necessary to acquire entry to a vocational-technical job.

Occupational skills training includes an organized form of instruction and related materials such as books, tools, clothing, and other training materials, that provides the knowledge and skills that are essential for obtaining employment in a vocational-technical area.

Occupational skills training may lead to a required certificates, certification or licensure to meet an industry standard.

OhioMeansJobs.com – a self-service, online resource which offers career development tools, connects businesses with qualified and available individuals and provides access to job openings for individuals seeking employment.

Older Individual who is Blind (OIB) – individual age 55 or older whose severe visual impairment makes competitive employment extremely difficult to obtain but for whom IL goals are feasible.

On-going Support Services – with regard to supported employment, means services that are: (1) needed to support and maintain an eligible individual with a most significant disability in supported employment; (2) identified based on a determination by OOD of the eligible individual's need as specified in an individualized plan for employment; and (3) furnished by OOD from the time of job placement until transition to extended services, unless post-employment services are provided following transition, and thereafter by one or more extended services providers throughout the eligible individual's term of employment in a particular job placement or multiple placements if those placements are being provided under a program of transitional employment.

Order of Selection (OOS) – an established order of services that delineates parameters for selecting the order in which eligible individuals are served and requires that eligible individuals with the most significant disabilities are served first.

Outcome Focused - part of the Employment First Transition Framework which guides multi agency teams to approach which centers on providing activities and services for the youth to achieve the adult life of his/her choosing. (Source: Ohio Employment First Transition Framework FAQ)

Participant Acknowledgement – a document that is provided to, and signed by, an individual at the time of application for VR services that outlines expectations for active participation in VR services and the methods by which VR staff or VR contractors will communicate with the individual.

Paratransit – specialized transportation services (e.g. mini-bus,) for individuals with disabilities who are not able to ride fixed-route public transportation (e.g. bus).

Person-Centered – part of the Employment First Transition Framework which guides multi agency teams to approach planning for each youth or student with a disability in a way that focuses entirely on the preference, interests, needs and strength of the individual youth. (Source: Ohio Employment First Transition Framework FAQ)

Personal Assistance Services (PAS) – a range of services, including, among other things, training in managing, supervising, and directing personal assistance services, provided by one or more persons, designed to assist an eligible individual to perform daily living activities on or off the job that a person would typically perform without assistance if that person did not have a disability. The services must be designed to increase the individual's control in life and ability to perform everyday activities on and off the job. Services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services. The services may include training in managing, supervising, and directing personal assistance services.

Physical or Mental Impairment – any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine; or any mental or psychological disorder such as developmental disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Physical and Mental Restoration Services – services provided to correct or substantially modify within a reasonable period of time, a physical or mental condition that constitutes a substantial impediment to employment. Restoration services shall be provided only if the condition is stable or slowly progressive; or if the condition is not stable or slowly progressive, only when the restoration is provided under trial work experiences.

Post-employment Services – one or more VR service(s) that is/are provided subsequent to the achievement of an employment outcome and that is/are necessary for eligible individuals to maintain, regain, or advance in employment, consistent with the eligible individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Pre-employment Transition Services – the required activities and authorized activities specified in 361.48 (a) (2) and (3).

Presumptive eligibility – the determination that an applicant is eligible for VR services and that the individual is at least an individual with a significant disability (SD) because the individual has been determined eligible for SSI benefits under Title II or Title XVI of the Social Security Act. (Rev Legal 3/14)

Qualified Personnel – an individual who is licensed by a state agency according to state licensure laws or recognized by a relevant accrediting body.

Qualified Rehabilitation Personnel (QRP) – OOD's VR Staff who meet the Comprehensive System of Personnel Development (CSPD) standards as defined in the VR State Plan and are therefore able to perform VR non-delegable functions

Referral and Other Services – services necessary to assist applicants and eligible individuals in securing needed services from other agencies and to provide information about the client assistance program.

Rehabilitation Teaching - to provide individualized training and instruction to individuals who are blind or visually impaired. Training and instruction shall lead to successful movement towards independent living, skills development, and/or employment stabilization. (Source: Kansas Department of Children and Families)

Rehabilitation Technology – the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, eligible individuals with disabilities in the areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation-engineering, assistive technology devices, and assistive technology services.

Rehabilitation Technologist – an individual responsible for providing rehabilitation engineering, rehabilitation technology, and assistive technology. (1/9/13) (Legal 3/14)

School Psychologist Licensed by the State Board of Psychology – per ORC 4732.01, an individual holding a current, valid license to practice school psychology issued under the ORC, sections 4732.12 or 4732.15.

School Psychologist Licensed by the State Board of Education – per ORC 4732.01, an individual holding a current, valid school psychologist license issued under rules adopted under ORC, section 3319.22.

Secure Location – a locked cabinet in a room; a locked file room; a file cabinet in a locked room.

Self-employment – an employment outcome in which the eligible individual works for profit or fee in his or her own business, farm, shop, or office, including sharecroppers.

Self-employment Review Committee – a group of individuals who shall review an eligible individual's business documentation packet for overall short term and long term viability. The committee shall include a VR Area Manager, a representative from the Division of Fiscal Management, the Business Relations Manager, other OOD staff and if possible, with proper consent from an eligible individual, an outside business entity (e.g. bank manager, member of SBDC, industry professional).

Seriously Limited – when limitations in functional capacity areas result in significant behavioral consequences in relation to achieving an employment outcome.

Service-J Status – a status in the AWARE case management system which indicates the individual is job ready.

Severe Visual Impairment – a diagnosed visual impairment that significantly impacts the activities of daily living.

Significant Disability (SD) – a category for an eligible individual who has a physical, mental or cognitive disability that seriously limits one or two functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, and work skills) in terms of an employment outcome; and who is expected to need multiple vocational rehabilitation services over an extended period of time.

Significant Other – a person with whom an employee has a personal relationship and with whom, if discovered, the employee could be perceived to have a self-interest thereby creating the potential for the appearance of impropriety (e.g. life partner, boyfriend, girlfriend).

Standard Occupational Classification – a system used by Federal statistical agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data. All workers are classified into one of 840 detailed occupations according to their occupational definition.

Start-up Costs – the cost of tools, equipment, initial stocks and supplies and any other financial assistance for business related expenses (e.g. rent, utilities, accounting support) required in order to begin a self-employment business.

Student with a disability – an individual with a disability in a secondary, postsecondary, or other recognized education program who; 1) is not younger than the earliest age for the provision of transition services; 2) is not older than 21 years of age; 3) is eligible for, and receiving special education or related services under Part B of the Individuals with Disabilities Education Act; or 4) is a student who is an individual with a disability for purposes of section 504. (Source CFR 361.5 (51))

Substantial Impediment to Employment – a physical or mental impairment (in light of attendant medical, psychological, vocational, educational, communication, and other related factors) hinders and individual from preparing form entering into, engaging in, advancing in, or retaining employment consistent with the individual's abilities and capabilities.

Substantive Change – Changes to the employment outcome (i.e. change in the major group number in the Standard Industry Code (SIC)); changes to vocational rehabilitation services defined in OAC 3304-2-59, including the addition or removal of services; changes to service providers; changes to financial responsibility of OOD or the individual; and changes to the need for supported employment.

Supply – goods or equipment.

Supported Employment (SE) – competitive integrated employment, including customized employment, or employment in an integrated work setting in which an individual with a most significant disability, including youth with a most significant disability, is working on a short-term basis toward competitive integrated employment, that is individualized and customized consistent with the strengths, abilities, interests, and informed choice of the individuals involved, for individuals with the most significant disabilities for whom competitive integrated employment has not historically occurred or for whom competitive integrated employment has been interrupted or intermittent as a result of a significant disability; and who, because of the nature and severity of their disability, need intensive supported employment services and extended services in order to perform the work involved.

Supported Employment Services – ongoing support services, including customized employment, needed to support and maintain an eligible individual with a most significant disability in supported employment, that are: 1) provided singly or in combination and are organized and made available in such a way as to assist an eligible individual to achieve competitive integrated employment; 2) based on a determination of the needs of an eligible individual, as specified in the individualized plan for employment; and 3) provided by the designated State unit for a period of not more than 24 months, except that period may be extended, if necessary, in order to achieve the employment outcome identified in the individualized plan for employment.

Technical assistance – consultation services provided to eligible individuals who are pursuing self-employment, telecommuting or establishing a small business operation as an employment outcome.

Third-party Payments – any insurer or other third-party payer licensed by the Ohio Superintendent of Insurance and any payer under any individual or group contract.

Title II – Social Security Disability Insurance (SSDI)

Title XVI – Supplemental Security Income (SSI)

Title II/XVI Social Security Beneficiary – recipients of benefits under Title II/XVI of the Social Security Act including the following benefit types: Social Security Retirement, Survivors, and Disability Insurance (the law calls it Federal Old-Age, Survivors, and Disability Insurance Benefits); and Aged, Blind, and Disabled benefits (the law calls it Supplemental Security Income for the Aged, Blind and Disabled) whether they are either receiving payments or are in a non-pay status.

Title 110 – the federal grant provided under the State Vocational Rehabilitation program that provides funds to assist in operating statewide comprehensive, coordinated, effective, efficient, and accountable vocational rehabilitation.

Title VI-B – the federal grant provided under the State Vocational Rehabilitation program that provides funds to assist in developing and implementing collaborative programs to provide supported employment services for individuals with the most significant disabilities

Tools and Equipment – items required to perform work tasks in the day-to-day operation of the business, not including those items needed to accommodate the individual to perform the essential business functions

Training – includes, but is not limited to, post-secondary training, vocational training, personal adjustment training, vocational adjustment training, on-the-job training, work experience, mentoring, and training services such as books, tools, job coaching, and other training materials

Transitional Employment – for the purpose of this procedure, a series of temporary job placements in competitive work in integrated settings with ongoing support services for eligible individuals with the most significant disabilities due to mental illness. In transitional employment, the provision of ongoing support services must include continuing sequential job placements until job permanency is achieved.

Transition Services (REVISED per 34 CFR 361.5 (55)) means a coordinated set of activities for a student or youth with a disability; designed within an outcome-oriented process that promotes movement from school to post-school activities, including postsecondary education, vocational training, competitive integrated employment, supported employment, continuing and adult education, adult services, independent living, or community participation; based upon the individual student's or youth's needs, taking into account the student's or youth's preferences and interests; that includes instruction, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation; that promotes or facilitates the achievement of the employment outcome identified in the student's or youth's individualized plan for employment; and that includes outreach to and engagement of the parents, or, as appropriate, the representative of such a student or youth with a disability.

Transportation Services – travel and related expenses (e.g. mileage and lodging) that are necessary to enable an applicant or eligible individual to participate in VR services, including expenses for training in the use of public transportation vehicles and systems.

Trial Work Experience – a position that allows the eligible individual and the employer to determine if a potential job offer would be a successful match. Provider staff are present with the individual as needed to help them learn job tasks and evaluate the need for potential reasonable accommodations. The expectation, though not required, is that at the end of the service the individual will be hired by the employer. Trial work experiences do not require full time coaching support as part of the service. *Note: This definition for developing an IPE job goal (per Legal).*

Trial Work Experience – a position sufficient in variety and over a sufficient period of time for OOD to determine that: there is sufficient evidence to conclude the individual can benefit from the provision of VR services in terms of an employment outcome; or there is clear and convincing evidence that the individual is incapable of benefiting from VR services in terms of an employment outcome due to the severity of the individual's disability. Trial work experience includes supported employment, on-the-job training, and other experiences using realistic work settings. *Note: This definition for case closure determination (per Legal).*

Vehicle Modification – modifications to a vehicle (i.e. passenger car) titled to an eligible individual or an immediate family member which are necessary in order for the eligible individual to reach or maintain his/her employment outcome.

For Vehicle Modification Definitions – refer to OAC 3304-6-01

Vocational Rehabilitation Appeal – a process by which an applicant, eligible individual, a former eligible individual, or if applicable his/her parent or legal guardian may request a review of a determination, by VR Staff or VR Contractor, that affects the provision of VR services. *Note: Once an appeal is filed, the individual filing is known as an "aggrieved party". Note: Was previously "Applicant and Eligible Individual Appeal".*

Vocational Rehabilitation Contractors (VR Contractors) – entities or individuals that OOD has contracted with to provide specific services to VR applicants or eligible individuals.

Vocational Rehabilitation Contracts Unit (VR Contracts Unit) – OOD work unit responsible for the negotiation and management of Interagency Cash Transfer Agreements (ICTA) and VR case management contracts.

Vocational Rehabilitation Counseling and Guidance – information and support services to assist an individual in exercising informed choice, which includes personal adjustment counseling and vocational counseling to maintain a counseling relationship throughout the rehabilitation process.

Vocational Rehabilitation Provider (VR Provider) – any entity or individual that OOD has approved to provide vocational rehabilitation services through OOD fee schedules. *Note: Was previously defined as "Provider"*

Vocational Rehabilitation Staff (VR Staff) – any OOD employee who works for the Bureau of Vocational Rehabilitation or the Bureau of Services for the Visually Impaired. *Note: see Qualified Rehabilitation Personnel for definition of who can perform non-delegable functions.*

Youth with a Disability – an individual with a disability who is not younger than 14 years of age or older than 24 years of age (Source 34 CFR 361.5 (58)).

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Title:	Vocational Rehabilitation Provider Management
Policy #:	80-VR-09
Legal Reference:	ORC §3304.15, OAC 3304-1-12, 3304-2-52; 34 CFR 361.5(b)9, 361.46, 361.50, 361.51, 397.50; OOD's VR Provider Manual; Fair Labor Standards Act (FLSA)
Date:	May 8, 2017
Approved:	Kevin L. Miller, Executive Director <i>Kevin Miller</i>
Origin:	The Bureau of Vocational Rehabilitation and Bureau of Services for the Visually Impaired
Supersedes:	N/A
History:	N/A
Review/ Implement	Begin Review – November 8, 2018 Implement Revisions By – May 8, 2019

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code (ORC) §3304.15 which establishes the power and authority of the Opportunities for Ohioans with Disabilities (OOD) and its executive director to develop all necessary rules and policy in furtherance of its statutory duties.

II. PURPOSE

The purpose of the policy is to provide guidelines to ensure appropriate approval, oversight and compliance of vocational rehabilitation (VR) providers in accordance with appropriate federal (e.g. Code of Federal Regulations [CFR]) and state law (i.e. Ohio Revised Code, Ohio Administrative Code) governor directives and executive orders, other governing agency (e.g. DAS, OBM) policy or guidance, and/or executive director expectations.

III. APPLICABILITY

This policy applies to VR Staff, VR Contractors and entities or individuals who would like to be considered for providing VR services..

IV. DEFINITIONS

Refer to "Vocational Rehabilitation Definitions" (80-VR-99.A).

Approved Provider – individuals and entities who have met the requirements established by OOD and have been approved to provide vocational rehabilitation services to OOD individuals.

OOD Representative – for the purposes of this policy, VR Staff person(s) designated by the Executive Director, or designee, who will manage the Provider Management Program (PMP), the "Provider Search" tool and be responsible for oversight of the approved providers.

OOD Liaison – for the purposes of this policy, designated VR Staff person responsible for acting as an approved provider's primary point of contact, their source of information and providing technical assistance.

Provider Management Program (PMP) – the electronic system that providers use to complete an application to be considered for the list of OOD's approved providers or once approved, to make changes to their contact information, current services, or service delivery areas.

Provider Search – an electronic search tool located on OOD's website that allows VR Staff, VR Contractors and individuals with disabilities to access OOD approved provider information including, but not limited to, contact information, types of services offered, and service delivery areas.

Uniform Document System (UDS) – the system that is used to maintain individual provider records which includes, but is not limited to, accreditation award letters, insurance policies, quarterly review summaries, and scorecards.

V. POLICY

A. General

1. OOD and its providers are required to provide information to individuals throughout the VR process as required by law (e.g. rights and duties). This information shall be provided to the individual and if applicable, the individual's legal guardian, in writing and when appropriate, in their native language or through an appropriate mode of communication.
2. AWARE shall be updated, by VR Staff and VR Contractors, with pertinent conversations, recommendations, justifications, approvals and/or other actions taken in relation to this policy and subsequent procedures when appropriate.
3. OOD and approved providers shall not place an OOD individual in employment where they would be subject to a special wage certificate under the U.S. Department of Labor's Fair Labor Standards Act (FLSA) which allows them to be employed at sub-minimum wage.
4. In order for individuals or entities to be placed on OOD's approved provider list, (i.e. be able to provide services as listed on OOD's Fee Schedules or for specialized training) they must meet requirements as detailed in the attached procedure.
5. Placement on OOD's approved provider list does not:
 - a. constitute a contractual relationship between OOD and the provider; or
 - b. guarantee utilization of any or all of the services the provider offers.
6. After a provider's placement on OOD's approved provider list, OOD shall provide oversight of VR providers as detailed in the attached procedure.
7. At any time (i.e. prior to approval or after becoming an approved provider), OOD may request completion of a background check on any approved provider employee who delivers direct services to OOD individuals.

B. Process to be Considered for Providing Services to OOD Individuals

1. Individuals or entities who would like to be considered for providing services to OOD individuals, via OOD fee schedules, or who would like to offer specialized training are subject to requirements detailed in the attached procedure.

C. Provider Approval Process

1. An OOD Representative shall review, approve or disapprove provider applications, submitted via PMP, within 45 days of submission unless an extenuating circumstance exists or a waiver is required.

D. Designations

1. Approved providers shall be assigned to an OOD geographical area based upon the location of their primary business (e.g. Northwest, Southeast).
2. Each approved provider shall be assigned an OOD Liaison by the OOD Area Manager responsible for the area of the provider's primary business location.

E. Meeting Requirements

1. Providers shall participate in any meetings determined necessary by OOD. If a provider is unable to attend due to an extenuating circumstance, they are still responsible for understanding and adhering to VR Provider Manual and any other OOD requirements and for any items which may have been discussed or disseminated at the meeting.

F. Incident/Issue Reporting and Management

1. The following incidents fall under reporting requirements:
 - a. reports of abuse or neglect of an OOD individual;
 - b. issues that would have an impact on the safety, health, or welfare of an OOD individual;
 - c. issues of fiscal integrity, including but not limited to, charging for services not provided and charging multiple individuals for the same service/time; and
 - d. loss or breach of confidential personal information (CPI).
2. If an incident involves the physical or emotional safety of an OOD individual, providers shall immediately take steps to ensure the OOD individual's safety, and then provide notification to OOD and other appropriate entities as detailed in the attached procedure.
3. OOD shall be responsible for the handling reporting of an incident or issue as detailed in the attached procedure including initiation of a formal review (refer to Section H.).

G. Questions/Concerns, Complaints and Issues

1. Questions/concerns and minor issues with providers (e.g. correction of a report or invoice) should be handled by VR Staff or VR Contractors.
2. If VR Staff or VR Contractors have or receive any significant questions/concerns, complaints or issues with a provider, resolution shall be facilitated and if not resolved, OOD may require the development of a Corrective Action Plan (CAP) and/or a formal review.
 - a. If the provider is unable to meet the requirements of the CAP or fails to continue to meet quality and/or compliance expectations after completion of the CAP, OOD may remove the provider from their list of approved providers.

H. Formal Review

1. If a formal review is recommended, OOD's Monitoring & Compliance Unit (MCU), VR Program Administration, and/or Legal will review the facts and determine the scope of the review if deemed necessary.
2. VR Staff and VR Contractors shall refer to "Internal and External Controls for Programs and Contracts" (40-MCU-03) for the review guidance.

I. Violation

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

FORMS AND ATTACHMENTS

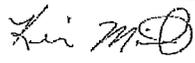
- N/A

RESOURCES

- Procedures subsequently issued under this policy.

REVIEW

It is the responsibility of the Deputy Director, or designee, to annually review this policy, on or before, the date listed in the header and if applicable, make any necessary revisions. The Deputy Director or designee shall document the annual review as required in OOD Policy 10-ADM-01 "Policy and Procedure Development, Review, Dissemination and Acknowledgement".

Title:	Vocational Rehabilitation Provider Management Procedure
Procedure #:	80-VR-09-01
Policy Reference:	80-VR-09 "Vocational Rehabilitation Provider Management"
Legal Reference:	ORC §3304.15, OAC 3304-1-12, 3304-2-52; 34 CFR 361.5(b)9, 361.46, 361.50, 361.51, 397.50; OOD's VR Provider Manual; Fair Labor Standards Act (FLSA); Workforce Innovation and Opportunity Act
Effective Date:	May 8, 2017
Approved:	Kevin L. Miller, Executive Director 
Origin:	The Bureau of Vocational Rehabilitation and Bureau of Services for the Visually Impaired
Supersedes:	N/A
History:	N/A
Review/ Implement	Begin Review – 11-08-18 Implement Revisions By – 05-08-19

I. PURPOSE

The purpose of this procedure is to provide direction to ensure appropriate oversight and timely communication with vocational rehabilitation (VR) providers in accordance with appropriate federal (e.g. Code of Federal Regulations [CFR]) and state law (i.e. Ohio Revised Code, Ohio Administrative Code) governor directives and executive orders, other governing agency (e.g. DAS, OBM) policy or guidance, and/or executive director expectations.

II. APPLICABILITY

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

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

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

III. DEFINITIONS

Refer to "Vocational Rehabilitation Definitions (80-VR-99.A).

Approved Provider – individuals and entities who have met the requirements established by OOD and have been approved to provide vocational rehabilitation services to OOD individuals

OOD Representative – for the purposes of this policy, VR Staff person(s) designated by the Executive Director, or designee, who will manage the Provider Management Program (PMP), the “Provider Search” tool and be responsible for oversight of the approved providers.

OOD Liaison – for the purposes of this policy, designated VR Staff person responsible for acting as an approved provider’s primary point of contact, their source of information and providing technical assistance.

Provider Management Program (PMP) – the electronic system that providers users to complete an application to be considered for the list of OOD’s approved providers or once approved, to make changes to their contact information, current services or service delivery areas.

Provider Search – an electronic search tool located on OOD’s website that allows VR Staff, VR Contractors and individuals with disabilities to access OOD approved provider information including, but not limited to, contact information, types of services offered, service delivery areas and areas of specialization.

Supply – goods or equipment.

Uniform Document System (UDS) – the system that is used to maintain individual provider records which includes, but is not limited to: accreditation award letters; insurance policies; quarterly review summaries; and scorecards.

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

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

IV. PROCEDURES

A. General

1. OOD and its providers are required to provide information to individuals throughout the VR process as required by law (e.g. rights and duties). This information shall be provided to the individual and if applicable, the individual’s legal guardian, in writing and when appropriate, in their native language or through an appropriate mode of communication.
2. AWARE shall be updated, by VR Staff and VR Contractors, with pertinent conversations, recommendations, justifications, approvals and/or other actions taken in relation to this policy and subsequent procedures when appropriate.
3. OOD and approved providers shall not place an OOD individual in employment where they would be subject to a special wage certificate under the U.S. Department of Labor’s Fair Labor Standards Act (FLSA) which allows them to be employed at sub-minimum wage.

4. In order for individuals or entities to be placed on OOD's approved provider list, (i.e. be able to provide services as listed on OOD's Fee Schedules) they must meet at least one (1) of the criteria listed below:
 - a. have the appropriate accreditation, certification or licensure as required by the State of Ohio; and/or
 - b. successful completion necessary information/documentation in the Provider Management Program (PMP), if applicable (refer to Section B.).
5. Placement on OOD's approved provider list does not:
 - c. constitute a contractual relationship between OOD and the provider; or
 - d. guarantee utilization of any or all of the services the provider offers.
6. After a provider's placement on OOD's approved provider list, OOD shall provide oversight of VR providers including, but not limited to, quality assurance measures.
 - a. OOD shall implement quality assurance measures to ensure quality VR services are being provided.
 - b. Quality assurance measures shall include, but not be limited to, monitoring the provider's process to protect an individual's confidential personal information (CPI), successful placement rates and duration of services until placement.
7. At any time (i.e. prior to approval or after becoming an Approved Provider), OOD may request completion of a background check on any Approved Provider employee who delivers direct services to OOD individuals.

B. Process to be Considered for Providing Services to OOD Individuals

1. Individuals or entities who would like to be considered for providing services to OOD individuals, via OOD fee schedules (e.g. VR, psychological, medical, dental), are subject to the following:
 - a. provisions of the VR Provider Manual;
 - b. state and federal laws;
 - c. if applicable, completion of an application in OOD's Provider Management Program (PMP) (refer to ood.ohio.gov/Providers/Provider-Services); and
 - d. once approved by OOD, registering with Ohio Shared Services (OSS) prior to being able to provide services (refer to <http://obm.ohio.gov/suppliers.aspx> for information).
2. Prior to applying to become an approved provider, in addition to having appropriate State of Ohio accreditation, certification or licensure (if applicable), OOD requires potential providers to meet the following criteria:

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

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

d. Waiver Provider Application

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

e. Non-accredited Provider Application

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

f. Subcontractor Application

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

C. Provider Approval Process

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

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

D. Designation of OOD Area and Liaison

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

E. Meeting Requirements

1. Providers shall participate in any meetings determined necessary by OOD. If a provider is unable to attend due to an extenuating circumstance, they are still responsible for understanding and adhering to VR Provider Manual and any other OOD requirements and for any items which may have been discussed or disseminated at the meeting.
2. Local Meetings
 - a. Providers shall participate in local meetings as scheduled by OOD Liaisons.
 - i. Providers, who received greater than \$100,000 in revenue during the previous Federal Fiscal Year (FFY), shall meet at least quarterly with their OOD Liaison during the current FFY.
 - ii. Providers who received less than \$100,000 in revenue, during the previous FFY shall participate in a minimum of two (2) meetings with their OOD Liaison during the current FFY.
 - iii. OOD Liaisons may require more frequent meetings with providers to address any issues (e.g. not following services as defined in the OOD Fee Schedules) that may arise during the course of providing services or, if applicable, as part of a Corrective Action Plan (CAP).

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

3. Statewide Meetings

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

F. Incident/Issue Reporting and Management

- 1. The following incidents or issues fall under reporting requirements:
 - a. reports of abuse or neglect of an OOD individual;
 - b. issues that would have an impact on the safety, health, or welfare of an OOD individual;

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

4. The OOD Representative will review and gather additional information, if necessary, and notify appropriate OOD management.

- a. A formal review may be initiated if warranted (refer to Section H.).

G. Questions/Concerns, Complaints and Issues

1. Questions/concerns and minor issues with providers (e.g. correction of a report or invoice) should be handled by VR Staff or VR Contractors.
2. VR Staff and VR Contractors shall direct significant concerns, complaints and issues about providers to the OOD Liaison who will facilitate resolution.

- a. Copy Requirements

- i. VR Staff shall copy his/her VR supervisor.
 - ii. VR Contractors shall copy their supervisor and a VR Contracts Unit designee.

- b. Reporting Requirements

- i. When reporting a significant concern, complaint or issue, VR Staff or VR Contractor shall provide the following information:
 - a) the OOD individual's name;
 - b) VR authorization number (if related to an invoice);
 - c) type of service being provided; and
 - d) date(s) and description of the concern, complaint or issue.

- c. Resolution Facilitation

- i. The OOD Liaison shall facilitate resolution.
 - a) In cases where the OOD Liaison is unable to facilitate resolution, it shall be forwarded to his/her immediate supervisor/manager for resolution.
 - b) If resolution is still not able to be facilitated, it shall be forwarded to an OOD Representative for facilitation of final resolution.
 3. The OOD Liaison shall review the information and documentation and discuss the issue with the provider and the Area Manager, if needed.
 4. Necessary actions may be taken, if necessary, and may include, but are not limited to:

- a. providing training and/or technical assistance to address the concern, complaint or issue;
- b. developing a CAP; and/or
- c. recommending that a formal review be completed by an OOD Representative.
 - i. All documentation pertaining to a review (e.g. records, reports, findings, outcomes) shall be submitted to the OOD Representative.
 - ii. The OOD Representative shall enter all in the Uniform Document System (UDS).
- d. If the provider is unable to meet the requirements of the CAP or fails to continue to meet quality and/or compliance expectations after completion of the CAP, OOD may remove the provider from their list of approved providers

H. Formal Review

1. If a formal review is recommended, OOD's Monitoring & Compliance Unit (MCU), VR Program Administration, and/or Legal will review the facts and determine the scope of the review if deemed necessary.
2. VR Staff and VR Contractors shall refer to "Internal and External Controls for Contractors and Providers" (40-MCU-03) for the review guidance.

I. Violation

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

FORMS AND ATTACHEMENTS

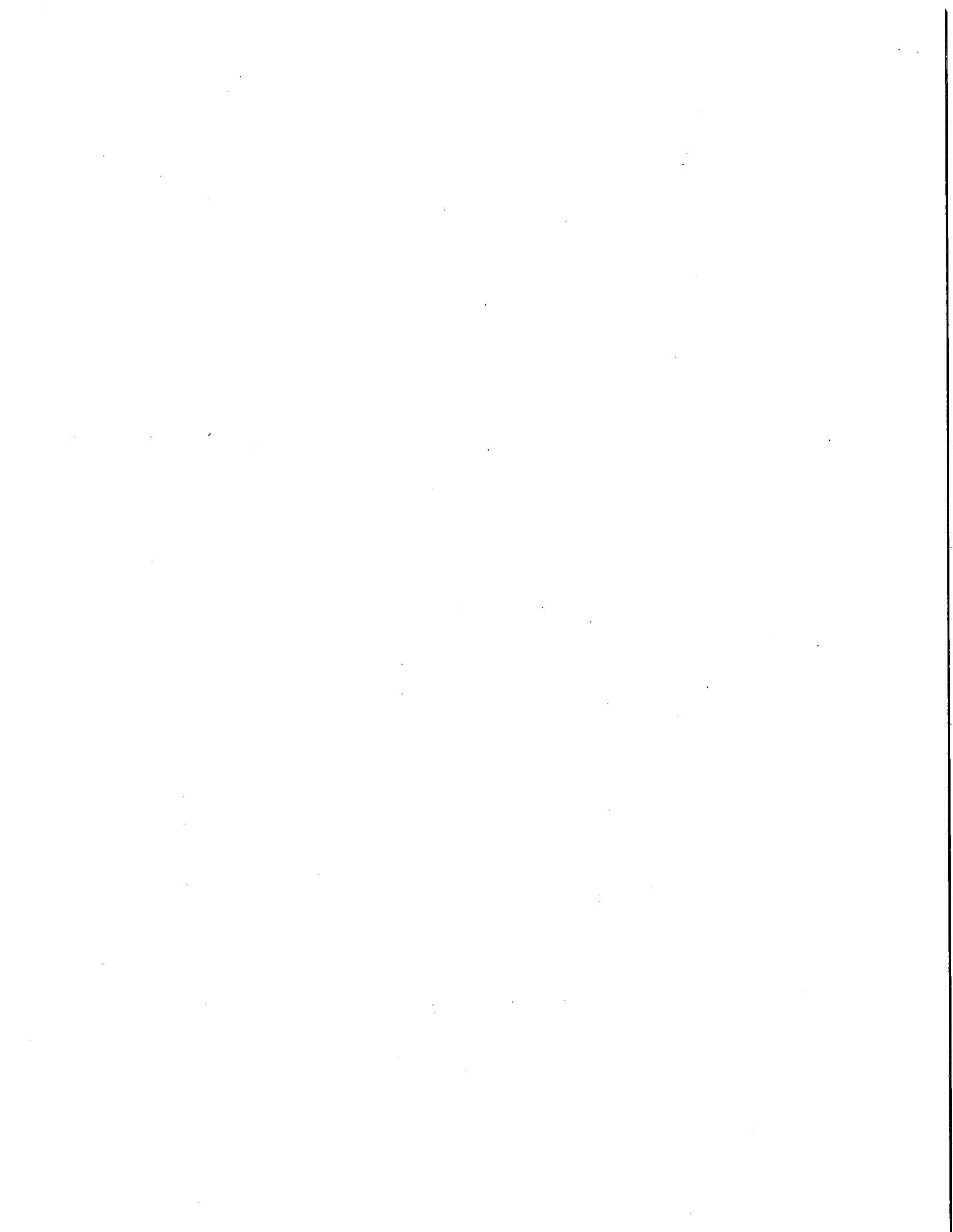
- 80-VR-10-01.A Provider Meeting Summary

RESOURCES

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

REVIEW

It is the responsibility of the Deputy Director, or designee, to annually review this procedure, on or before, the date listed in the header and if applicable, make any necessary revisions. The Deputy Director or designee shall document the annual review as required in OOD Policy 10-ADM-01 Policy and Procedure Development, Review, Dissemination and Acknowledgement".





Review Date/Time: _____

Provider Name: _____

Provider's OOD-VR Contact Name: _____

OOD Liaison: _____

Attendee Names: _____

Provider Management Program (PMP) Review (e.g. review of contacts, services, service areas)

- No Changes Necessary
- Change in Contacts
- Change in Services
- Change in Counties

Performance Review (Includes, but is not limited to, review of Scorecard data [e.g. comparison to previous version], referral capacity, VR Fee Schedule requirements, timeliness of services, and quality of services/reports.)

Fiscal Review (Includes, but is not limited to, review of timeliness of invoices, number of and reason for denials, and cancellations.)

Opportunities for Improvement (Include objective and measurable goals that the Provider and/or OOD can work towards before next meeting.)

Technical Assistance/Updates (May include, but not be limited to, discussion of current policy initiatives, change in rules/policies/procedures, best practices, and general guidance.)

Date/Time of Next Meeting: _____



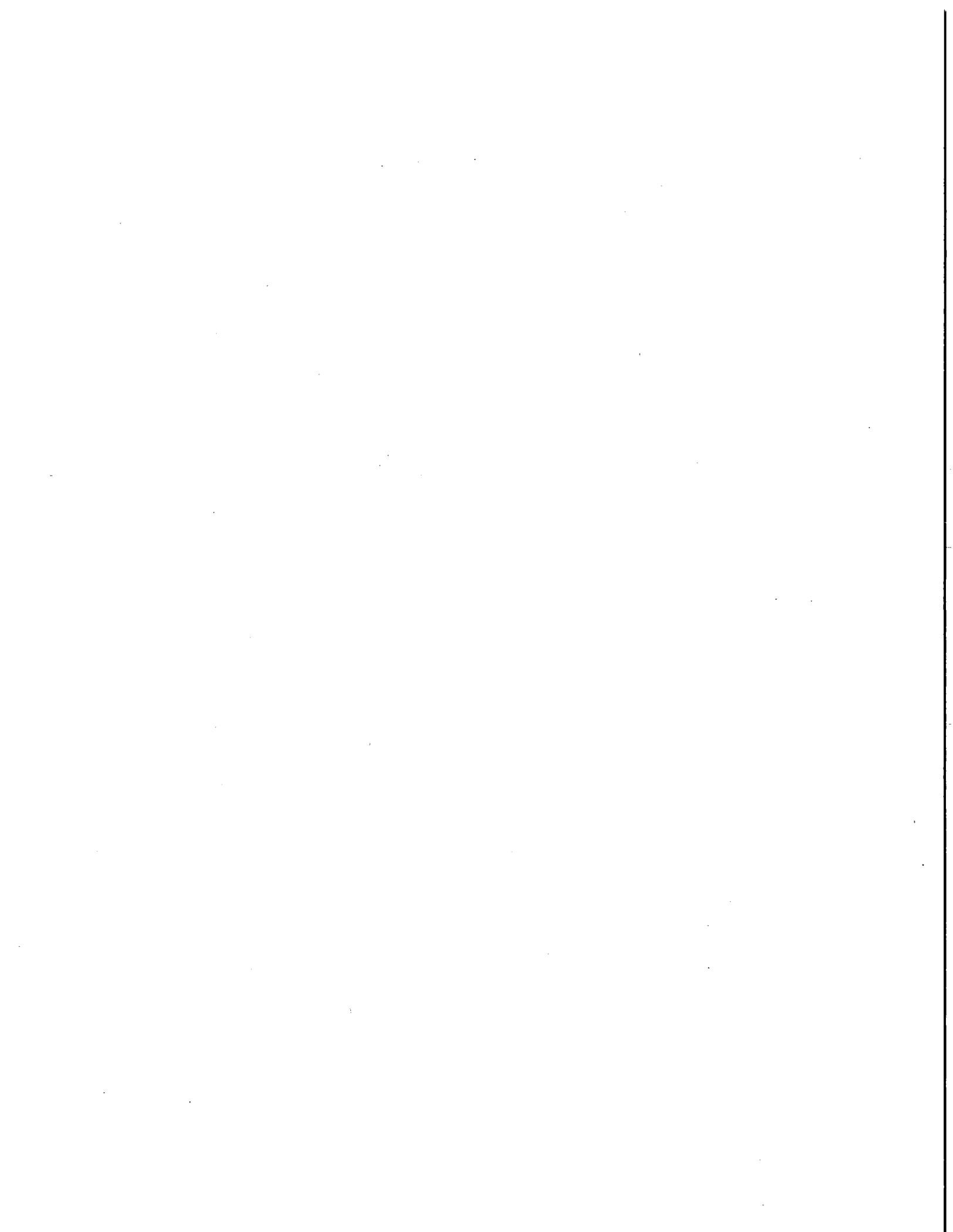
FOR OOD USE ONLY

Copy sent to Provider on: _____

Copy sent to Area Manager and VR Supervisors on: _____

Copy sent to Central Office on: _____

Copies sent by: _____



PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

DATE: September 6, 2017
TIME: 10:00 A.M.
LOCATION: Room 2921, Rhodes State Office Tower
30 East Broad St., Columbus, Ohio 43215

Pursuant to sections 5104.01, 5104.013, 5104.015, 5104.042 and Chapter 119. of the Revised Code, the director of the Ohio Department of Job and Family Services gives notice of the department's intent to consider the adoption, rescission and amendment of the rules as identified below and of a public hearing thereon.

Proposed new rule:

5101:2-12-09 "Background check requirements for a licensed child care center" is being replaced as a new rule due to the number of revisions and rearrangement of the paragraphs and to update the appendix to include language regarding sealed records. This rule outlines the new background check requirements that must be completed before working in a child care center. Appendix A to the rule is being enacted and replaces a rescinded appendix. Language was added to clarify that for rehabilitation, three years does not need to elapse for misdemeanors that were sealed.

Proposed amended rules:

5101:2-12-01 "Definitions for licensed child care centers" defines the terms used throughout the chapter of center licensing rules. This rule is being amended to add language to the definition of child care.

5101:2-12-02 "Application and amendments for a child care center license" outlines the process and requirements for applying for a child care center license and the process to amend a currently existing child care center license. Appendix A to this rule has been enacted to reflect the updated requirements for background checks that are to be submitted at the time of application. Additionally, building approval documentation requirements were clarified in the appendix.

5101:2-12-03 "Compliance inspection and complaint investigation of a licensed child care center" outlines guidelines and timeframes for inspections and investigations of licensed child care centers. This rule is being amended to clarify language regarding types of inspections. The appendix to this rule has been enacted with updated language to reflect the new background check process (rule 5101:2-12-09), the updated concealed weapons requirements in Ohio (rule 5101:2-12-12), and to clarify the moderate risk noncompliance for using vehicles that do not meet the requirements of rule 5101:2-12-14 of the Administrative Code (rule 5101:2-12-14).

5101:2-12-05 "Denial, revocation and suspension of a licensed child care center application or license" outlines the parameters for denying an application or revoking or suspending a child

care center license. This rule is being amended to include the updated background check requirements for denying or revoking a license.

A copy of the proposed rules is available, without charge, to any person affected by the rules at the address listed below. The rules are also available on the internet at

<http://www.registerofohio.state.oh.us/>. A public hearing on the proposed rules will be held at the date, time, and location listed at the top of this notice. Either written or oral testimony will be taken at the public hearing. Additionally, written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Requests for a copy of the proposed rules or comments on the rules should be submitted by mail to the Ohio Department of Job and Family Services, Office of Legal and Acquisition Services, 30 East Broad Street, 31st Floor, Columbus, Ohio 43215-3414, by fax at (614) 752-8298, or by e-mail at rules@jfs.ohio.gov.