

Education and Workforce Development Cabinet
Kentucky Office of Vocational Rehabilitation
Vendor Manual



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Introduction

This manual provides vendors with the resources needed to conduct business with the Kentucky Office of Vocational Rehabilitation (OVR). If you have any questions regarding the information outlined in this manual, please contact OVR Vendor Registration at OVRVendors@ky.gov.

OVR shall only utilize vendors that meet the standards for vendor qualifications established by Federal and state law, national certification boards, applicable licensure boards, and OVR standards. OVR will accept vendor applications on a rolling basis. Vendor applications will be processed within thirty (30) calendar days unless OVR notifies the applicant that more time is necessary. OVR shall retain sole discretion to approve or deny vendor applications and shall notify the applicant in writing of the decision.

Vendors shall review this manual annually before executing the OVR Vendor Agreement. OVR reserves the right to revise, without prior notice, this manual, as needed.

Basic Vendor Responsibilities

Vendors shall:

- Provide services requested by OVR.
- Keep all licensure, certifications, and other credentials current and submit documentation upon application and upon renewal.
- Provide only services that are authorized in advance.
- Provide reasonable accommodations to allow consumer to fully participate in the service.
- Adhere to the highest ethical behavior and treats OVR professionals and consumers with respect.
- Not discriminate based on basis of sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy or veteran status, or any other status protected by applicable law.

Application Process

Applicants shall review and submit the qualification requirements listed below the applicable service type, beginning on [page eight \(8\)](#). Submit only one (1) Vendor Application Form even if applying for more than one (1) service.

NOTE: The entire application shall be submitted to OVR, even if Vendor does not utilize every page. Failure to submit all pages will result in process delays and possible denial.

If an applicant's credential(s) meet OVR's requirements, OVR will contact the applicant with confirmation of approval, enclosing instructions on how to self-register in the Commonwealth's Vendor Self Service portal. Applicants will also be required to review and sign the OVR Vendor Agreement. If credentials are required to provide a service not specified in this manual, OVR will contact the applicant with further instruction. Failure to submit all required or requested documentation will result in process delays and possible denial.

Full applications should be submitted via one of the following methods:

- a) Email: OVRVendors@ky.gov
- b) Fax: (502) 564-6745
- c) Mail: ATTN: Vendor Review
Office of Vocational Rehabilitation
500 Mero Street, 4th Floor NE
Frankfort, KY 40601

Vendor Agreement

OVR requires vendors to annually renew their vendor agreement. OVR will begin to contact pertinent vendors by April to ensure the [OVR Vendor Agreement](#) is renewed.

Vendor Account Maintenance

Vendors are required to submit any changes regarding their business or contact information to OVR within 30 business days. Reference [Vendor Account Maintenance](#) on the OVR website for instructions.

Required Reports

The following have specific reporting requirements:

Community Rehabilitation Program (CRP): Please reference the OVR [Community Rehabilitation Program Manual](#) for reporting requirements.

Mental Health Counseling: OVR Counselors can authorize for individual therapy sessions, when determined appropriate. Vendors shall ensure that the appropriate release form is on file prior to releasing consumer information ([OVR 15-A](#) if releasing protected information **to** OVR, or [OVR 15-B](#) if releasing protected information **from** OVR).

At a minimum, the vendor shall attach the following to the monthly invoice:

- a. First (1st) reimbursement:
 - i. Evaluation criteria on which to base progress.
 - ii. Treatment program recommended by the therapist.
 - iii. Areas that the counselor needs to address with therapist (if not included in the treatment program notion).
- b. Any following reimbursements:
 - i. Summary of the consumer's progress towards their treatment goals.
 - ii. Any changes to the recommended plan or areas needed to address.

Orientation & Mobility (O&M): A report must accompany an invoice and shall not be reimbursed until the requirement is satisfied.

O&M reporting includes:

- a. Initial Evaluation Report: shall include an estimate of the number of hours needed for training, as well as the specific goals on which the consumer and trainer will be working on.
- b. Monthly Training Reports: shall provide an update on progress toward goals.

Program Audits

Vendors are subject to announced or unannounced audits by OVR, which may include a review of vendor records. Failure to cooperate with an audit may result in the termination of the OVR Agreement.

Program Improvement Plan

Any vendors deemed by OVR to be in violation of the standards set forth in this Manual, or that violate the terms of the OVR Vendor Agreement, may be placed on a Program Improvement Plan (PIP). The PIP shall identify the specific areas of concern and provide guidance to the vendor on how to improve performance. The PIP shall identify a timeline for expected improvements. Failure to meet the goals set forth in the PIP may result in penalties up to and including termination of the OVR Agreement.

Vendor Credentials

Vendors are required to keep all required licensure and certification credentials current and in good standing. Proof of renewal should be submitted within thirty (30) days of expiration to OVRVendors@ky.gov, including confirmation of vendor number (beginning with KS or KY) and legal business name.

If a provider's credential lapses, the provider shall be removed from OVR's approved vendor list. In addition, payment shall not be made for services provided during any lapse in licensing or certification.

Providers who have been notified that their credential(s) has been revoked or suspended shall notify OVR in writing within three (3) business days to OVRVendors@ky.gov, including confirmation of vendor number or Taxpayer Identification Number. OVR may suspend referrals and/or authorizations until the issue is resolved. Failure to notify OVR of an issue may result in immediate termination of the OVR Vendor Agreement.

Vendors with less than ten (10) employees providing specialized services that have state or national credentialing, or that requires a professional license mandated by a state licensing agency, must include on the Vendor Application a list of all personnel that will be providing the service, attaching a copy of each personnel's credentials.

Qualification Requirements

The following services are listed in alphabetical order. If you have any questions regarding the services or qualification requirements outlined below, please contact OVRVendors@ky.gov.

Audiology

Providing diagnosis and treatment for disorders of the auditory and vestibular system portions of the ear.

Qualification Requirements

- Copy of current professional license from the Kentucky Board of Speech-Language Pathology.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Child Care

Providing daycare services for children.

Qualification Requirements

- Copy of current licensure, certification, or registration by the Division of Regulated Child Care. If you have any questions, contact the OVR staff member assisting you.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Community Rehabilitation Programs (CRP)

Providing Adjustment Services, Employment & Retention (E&R), Job Coaching, Life Skills Coaching, Pre-Employment Transition Services (Pre-ETS), Supported Employment (SE), Transportation Services, Vocational Assessments, and Comprehensive Vocational Assessment.

OVR does not require a CRP to be certified by national organizations. However, OVR encourages certification by organizations such as the Commission on Accreditation of Rehabilitation Facilities, the Accreditation Council on Services for People with Disabilities, National Accreditation Council on Mental Health/Mental Retardation, etc.

Certification by one of these organizations will provide OVR with appropriate assurances that the organization is compliant with standards listed above and has an efficient organizational management.

- I. Organizations that are certified by a national organization should include with this application a copy of their current certification letter.
- II. Programs not certified by a national organization must be able to document their compliance with applicable program standards by making the following information available for review by OVR staff upon request:
 - Copy of latest annual Independent CPA Audit Report.
 - Copies of any OSHA audits/findings, for any location where services are commonly provided to OVR consumers.
 - Copy of any recent state or local fire Marshall reports/findings.
 - Copy of recent customer satisfaction survey results.
 - Copy of recent accessibility survey that is in accordance with standards set forth in the Americans with Disabilities Act of 1990.

Qualification Requirements

- Review the [Community Rehabilitation Program Manual](#) and submit the specified required credentials with application.
- Completed [OVR Vendor Application Form](#). (Sections A, B, and D)

Chiropractic Services

Providing diagnosis, treatment, and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health.

Qualification Requirements

- Copy of current licensure by the Kentucky Board of Chiropractic Examiners.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Dental Services

Providing examination, diagnosis, treatment planning, and care of conditions within the human oral cavity and its adjacent tissues and structures. Performance or attempted performance of any dental operation, or oral or oral-maxillofacial surgery and any procedures adjunct thereto, including physical evaluation directly related to such operation or surgery.

Qualification Requirements

- Copy of current licensure by the Kentucky Board of Dentistry.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Dietician Services

Providing advisory services and assisting individuals or groups on appropriate nutrition intake by integrating information from the nutrition assessment.

Qualification Requirements

- Copy of current licensure from The Kentucky Board of Licensure and Certification for Dieticians and Nutritionists.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Interpreting Services for the Deaf, Hard of Hearing, and Deaf-Blind

Providing sign language interpreting for consumers who are deaf, hard of hearing, or deaf-blind.

Qualification Requirements

- Copy of Kentucky Temporary License or copy of Kentucky Licensure Certification.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Life Skills Coaching

Providing coaching services to help individuals develop the skills needed to integrate into the community and achieve suitable employment and independence.

Qualification Requirements

- Completed [OVR Vendor Application Form](#). (Sections A and D)
- **Associate Life Skills Coach:** Proof of bachelor's degree in a related field and documentation of 100 hours of direct client coaching.
- **Professional Life Skills Coach:** Proof of bachelor's degree in a related field, documentation of 750 hours of direct client coaching, and a copy of certification from completed accredited training program (either International Coach Federation or Center for Credentialing & Education).
- **Master Certified Life Skills Coach:** Proof of bachelor's degree in a related field, documentation of 2,500 hours of direct client coaching, documentation of 200 hours coaching a specific training, and a copy of certification from completed accredited training program (either International Coach Federation or Center for Credentialing & Education).

Medical Equipment (Home/Durable)

The selling of medical equipment used for the specific purposes of diagnosis and treatment of disease or rehabilitation following disease or injury.

Qualification Requirements

- Copy of current licensure from the Kentucky Board of Durable Medical Equipment Suppliers.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Mental Health Counseling

Providing diagnosis and treatment of the cognitive, behavioral, and emotional aspects of mental health and substance use conditions.

Qualification Requirements

- Copy of current license or certification from your corresponding professional certification or licensing board.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Occupational Therapy

Providing assessment, treatment, and education of or consultation with the consumer, family, or other persons. Interventions directed toward developing daily living skills, work readiness or work performance, play skills or leisure capacities, or enhancing educational performance skills.

Qualification Requirements

- Copy of current license from the Kentucky Board of Licensure for Occupational Therapy.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Optometry Services

Providing diagnosis, treatment, and prevention of diseases and conditions of the eye and visual system.

Qualification Requirements

- Copy of current licensure by the Kentucky Board of Optometric Examiners. If providing expanded therapeutic procedures, proof of license to do so.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Orientation & Mobility

Providing instruction in increasing the ability to travel within one's environment safely, efficiently, and gracefully with the understanding of relationship to objects within that environment.

Qualification Requirements

- Copy of certification through either the Academy for Certification of Vision Rehabilitation and Education Professionals (Certified Orientation & Mobility Specialist) or the National Blindness Professional Certification Board (National Orientation & Mobility Certification).
- Copy of liability insurance policy.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Orthotics and Prosthetics

Providing evaluation, fabrication and custom fitting of artificial limbs and orthopedic braces.

Qualification Requirements

- Copy of current licensure by the Kentucky Board of Prosthetics, Orthotics and Pedorthics.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Pharmacy

Providing services specific to preparing, preserving, compounding, and dispensing medical medications and/or medical equipment.

Qualification Requirements

- Copy of current permit from the Kentucky Board of Pharmacy.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Physical Therapy

Providing evaluation, assessment, and treatment of consumers with limitations in functional mobility.

Qualification Requirements

- Copy of current licensure by the Kentucky Board of Physical Therapy.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Post-Secondary Education

Providing educational services following the completion of secondary education, which includes universities and colleges as well as trade and vocational schools.

Qualification Requirements

- Completed [OVR Vendor Application Form](#). (Sections A and D)
- **Colleges/Universities:** proof of eligibility to participate in Title IV programs.
- **Business/Trade/Technical Schools:** proof of programs licensed by the state “proprietary education program” (or equivalent for that state) OR licensure by the Board of Cosmetology for cosmetology schools.
- **Cosmetology Schools:** proof of approval by the Kentucky Board of Hairdressers and Cosmetologists (or equivalent for that state).
- **Barber Schools:** proof of approval by the Board of Barbering (or equivalent in that state).

Retail/Wholesale

Selling goods as it relates to the request from OVR.

Qualification Requirements

- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Speech Language Pathology

Providing assessment and treatment of communication problems and speech disorders.

Qualification Requirements

- Copy of current license from the Kentucky Board of Speech-Language Pathology.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Support Service Providers

Providing communication and access to deaf-blind consumers including relaying visual and environmental information, acting as sighted guides, and facilitating communication using the consumer's preferred language and communication mode.

Qualification Requirements

- Certificate of completion from American Association of Deaf-Blind Support Service Provider training.
- Letter of recommendation from coordinator of the Support Service Provider training program.
- Resume including experience, other training, and confirmation of some level of proficiency in American Sign Language.
- Verification of 150 hours of related experience/volunteer work.
- Review, sign, and submit OVR's [Support Service Provider Expectations](#).
- Completed [OVR Vendor Application Form](#). (Sections A, C, and D)

Transportation Services

Providing travel and related expenses necessary to enable an applicant or eligible individual to participate in a vocational rehabilitation service, including expenses for training in the use of public transportation.

Qualification Requirements

- Copy of current Driver's License and proof of liability insurance OR copy of Certificate through the Transportation Cabinet. *Exceptions include federally funded businesses such as bus systems. If you have questions, please contact OVRVendors@ky.gov.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

Tutoring Services

Providing instruction in a particular subject or skill.

Qualification Requirements

- Copy of bachelor's degree or documentation of a minimum 15 semester hours in the specific subject matter.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

***Other Medical Services (not listed)**

Providing a medical service not specified in this manual.

Qualification Requirements

- Copy of medical license.
- Proof of current registration with Secretary of State.
- Completed [OVR Vendor Application Form](#). (Sections A and D)

***Other Services (not listed)**

If applying to provide a service not listed in this manual, complete and submit the [OVR Vendor Application Form](#) (sections A and D). OVR Vendor Registration will contact applicant with further instruction