Business Manual

A publication of

OVRS

Office of Vocational Rehabilitation Services

Oregon Department of Human Services

DHS

If you need this manual
in an alternate format,
please contact your
District Business Manager.

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Welcome to the DHS Office of Vocational Rehabilitation Services.

Our mission is to assist Oregonians with disabilities to achieve employment and independence. As a staff member, you are an important part of that mission.

This manual is designed to serve as a reference and orientation tool for staff members who are responsible for various administrative duties at Vocational Rehabilitation offices around the state of Oregon.

Fulfilling the demands of our work requires that these procedures be understood and followed. If you have any questions about them, or about any other procedure in your work, please talk to your immediate supervisor.

Thank you.

Front Desk Reception Area

Front Desk/Reception Area Duties

- **List of standard duties**
- **Opening and closing office routines**

Staff covering the front desk reception area may do these duties:

- Complete morning opening and end-of-day routines (next page).
- Respond to walk-in customers.
- Handle telephones.
- Pick up incoming mail and prepare outgoing mail.
- Prepare shuttle mail each day before it is scheduled for pick-up.
- Type and prepare appointment letters.
- Check for tasks which need to be completed and prioritize items.
- Maintain and post consultants' schedules.
- Use ORCA and GroupWise calendars to retrieve information for counselors and other authorized individuals.
- Compile intake packets.
- File/maintain authorizations for purchase.
- File documents into open and closed files.
- Organize closed files, prepare for retention at the record center.
- Organize Orientations for participants, prepare orientation materials, mail applicable forms to applicants prior to orientation or make available at time of orientation.
- Send completed voter registration cards to the location specified on the card.
- Make copies of documents as requested.
- Note needed supplies on supply list.

Opening and Closing Routines
Each office is responsible for creating and maintaining its own opening and closing routines. These may include the following:

Each morning, when office opens...

- Turn on appropriate lights.
- Activate phones for daytime service.
- Turn on copy machine.
- Turn on reception area/resource room computers.
- Fill paper trays for copier, fax machine, and printers.
- Check reception voice mail. Make written record of messages or forward to appropriate staff person's voice mailbox.
- Check and respond to e-mail.

Each evening, when office closes...

- Turn off computers in the reception/resource room areas, including monitors.
  FYI: Staff are responsible for turning off their own computers. Wednesday nights, log off your workstation and leave the computer on. Turn off monitors.
- Take prepared mail to post office/mailbox.
- Turn off lights and lock doors.

Front Desk/Customer Reception

- **Customer service**
- **Handling concerns**

Welcoming Visitors

Make everyone who comes into the office feel welcome. This means:

- Be cheerful and friendly.
- Be helpful. Answer questions as well as you can. If you don't know the answer, ask someone else in the office.
- Help fill out forms as needed.
- Make copies of documents as requested by OVRS Clients only.

Handling Client Concerns

First, ask if the client has spoken to his or her counselor about the complaint. If not, refer the client back to the counselor.

If the client has already spoken to the counselor and would like to speak to someone else, refer the client to the Branch Manager.

- Provide contact information for the Branch Manager and instruct the client to leave a message if the Branch Manager doesn't pick up.
- If the client claims to have not heard back from the Branch Manager, take a message and inform the Branch Manager that the client is attempting to make contact again.
- Inform the client they may request an administrative review. This is an informal meeting with our Dispute Resolution Coordinator, an OVRS staff member who has not yet worked with the client. The review request needs to be in writing and done within 30 days of the decision the client does not agree with. Letters must be signed by the client and mailed or faxed to:

  OVRS Dispute Resolution Coordinator
  500 Summer Street, NE E-87
  Salem, Oregon 97301-1120
  Fax: (503) 947-5025

If the client is still not satisfied, refer her or him to the Client Assistance Program (CAP) for further assistance. Provide the client with the CAP brochure.

FYI: If the client requests mediation or a fair hearing, all OVRS offices must have hard copies of the forms available to give to the client. Forms in a variety of languages can be found at this website:
http://www.oregon.gov/DHS/vr/dispute_resolution.shtml

Telephone Procedures

- **Incoming telephone calls**
- **Telephone Relay Service, and Language Link communications**

Answering Incoming Telephone Calls

- Always answer the phone in a professional manner. Be sure to say **“Office of Vocational Rehabilitation Services.”**
- Be helpful; answer questions and transfer to appropriate staff or voice mail.
- When you take a message:
  - Ask for the caller’s phone number, first and last name, asking for the correct spelling.
  - Repeat the information to verify you noted it correctly.
  - Ask what the call is regarding. Write complete messages, giving as much information as you can, and initial the note. (If the person is a current client, you may record this as a typed case note in ORCA). Explain to the caller that this information helps the counselor to be more prepared when returning the call. The counselor can assess if the caller needs immediate attention.
  - Find out when the caller will be available for a return call.
  - If the caller decides to call back later and you can get the information, write a note telling the counselor the caller’s name, date, and time of call. Include the date, time, and your initials on any messages you take.
- Always give a pleasant goodbye to all callers

Telecommunications Relay Service (TRS) and Video Relay Service (VRS) Communications

The Telecommunications Relay Service is a free telephone service that allows persons with hearing or speech disabilities to place and receive telephone calls. (In order to communicate through TRS, the caller will need a TTY or specialized phone.) Video Relay Service is a free telephone service that allows deaf people who use American Sign Language (ASL) to communicate with non-signers via telephone. In order to communicate through VRS, the caller will need a webcam, specialized software and a high speed internet connection.

Answering an incoming TRS or VRS call:

The telephone will ring as if for an incoming call. When you pick up the phone and hear, **"Hello. This is the relay service…"** it means you are about to talk through a TRS provider to a person who is deaf, hard-of-hearing, or has a speech disability.

Language Link Calls

DHS and OVRS have a contract with LanguageLink for telephone interpretation in more than 240 spoken languages.

How to Request in-person Interpreter Services

1. Call 1-877-764-7888
2. The call center representative will prompt you for:
   - Account number: 8606
   - Your full name
   - Your branch name and location (i.e., Bend Vocational Rehabilitation)
   - Language needed.
3. An interpreter will be connected to the call.
4. Brief the interpreter. Summarize what you wish to accomplish and give any special instructions.
5. Add the non-English speaker to the line.

For more information on how to work with these telephone interpreters, see the Language Link Tip Sheet in the Forms section of this manual.

Placing a Language Line call

Begin at Step 2, and then follow the rest of the procedure.

Sorting, Opening, and Distributing Mail

Sorting Mail

Sort mail into these categories:

- By staff member name.
- Mail with familiar return addresses.
- Mail with unfamiliar return addresses.
- Mail with no return address.
- Suspicious looking mail (soiled, stained, containing unusual lumps, etc) do not touch or move any suspicious looking mail. Notify a manager of the safety issue.

Opening Mail

- Staff mail and mail with familiar return addresses: Open first.
- Mail with unfamiliar return addresses: Examine carefully before opening.

Opening Packages

- Check for staff member name on address label; ask if the staff member was expecting the package. **Do not open if:**
  - Package is not expected.
  - Package has no return address.
  - Package looks strange: has excessive tape, is dirty, stained, etc.

Distributing Mail

Date-stamp all incoming mail, including shuttle mail, with the current date and distribute it to the appropriate staff person's mailbox.

- General interest items: You may route these to all staff.
- Office billing: Distribute to the staff person in charge of paying office bills.
- Invoice accompanying a report: Stamp the invoice "**Report received"** and the report **"Invoice received."**

Distributing Mail, cont.

- Medical records generally have an invoice with them.
  - Stamp received date on the invoice and first page of records.
  - Staple the records together, count the pages, and write that number on the first page and on the invoice. Place records in the appropriate mailbox.
  - Create an Authorization for Purchase (AFP) for the medical records as outlined by Appendix D, attach it to the front of the invoice, and place in the appropriate folder/holding area to be paid.

FYI: **OVRS follows specific administrative guidelines with regard to paying for copies of medical records for our clients. Standard agency practice is to include the guidelines in all medical correspondence requesting copies of records; they are spelled out in ORCA's medical records request letter. If you choose to use a custom letter, it is mandatory to include the correct language. See Appendix D: Payment for Copies of Client Medical Records.

**If a provider charges over and above our outlined payment schedule, a letter should be sent to the provider reiterating our policy, and the payment must not be higher than the allowed amount. See Appendix E for a sample letter.

Sending Documents

- Scans/Emails
- Faxes
- Shuttle mail
- Sending and receiving client files
- File Transfer Protocol

Scans/Emails

It is preferable to scan documents and send them in an email in order to save time and paper.

****It is OVRS policy not to send confidential information with full client names or Social Security numbers in an email.****

Faxes

Fax machines vary from office to office. Please refer to the operator's manual for instructions on using your machine.

- Always use a fax cover sheet that identifies the agency and includes the confidentiality statement.
- Always attach a fax confirmation sheet to the original document you faxed.

Shuttle Mail

- Reuse envelopes whenever possible.
- Use complete labels for destination.
- Be sure to put the shuttle mail in the correct location prior to pick-up time.

Client Files

Prior to transferring a client file

- The file must be current with all documents in place.
- Authorizations should either be paid or their end dates extended.

Logging client files

All client files must be carefully logged out when sent out of the office, and logged back in if returned.

Sending client files

- Enter client's full name and Participant Identification Number (PIN), and the requesting person's name and agency on the tracking log. Date and initial the log.
- Include the written request for the file in the envelope.
- Use the appropriate address label. Send all client files via Pac-Track State Shuttle, FedEx, or UPS for tracking purposes, whichever is the most cost efficient method for your area.

Receiving client files

- If the file is returned, log it back in on the tracking log. Add the date and your initials. Return files to appropriate holding area.
- When a client's file is reopened in a different office, all files must be received regarding that client and must remain in that office with that file.

Client file transfer protocol

When transferring a client file to another office at the client's request, assigned counselors and Branch Managers should follow these steps.

1. The current assigned counselor will assure the client that he or she may continue to receive services from the counselor, but if it's more convenient, is welcome to request a file transfer ("informed choice").
2. If the client still wants the transfer, the counselor will discuss/ review the purpose of the request with the Branch Manager.
3. If the transfer is of a routine nature (e.g., a change of residence), the current counselor and/or Branch Manager will advise the Branch Manager of the receiving office that the file is being sent.
4. If there are issues or disputes associated with the transfer request, the two Branch Managers should discuss the matter and determine whether to proceed.
5. The counselor will ensure that the file is current, complete, and not out of standard. He or she will then enter a case note identifying the transfer transaction and reason, and send the file to the Branch Manager of the receiving office. All files associated with this client must be forwarded, including closed ones.
6. The Branch Manager will transfer the file in ORCA to the Branch Manager of the receiving office.
7. The Branch Manager of the receiving office will assign the case file to a counselor.

Creating Correspondence

Put Letters on OVRS Letterhead

Any letter that goes to a client or other person outside OVRS must be on OVRS letterhead. A copy of the original letter must be placed in the appropriate section of the client's file (see Appendix F: Client Filing Checklist). Letters may be based on templates, or they may be custom created.

Agency-defined letter templates

Letter templates for a variety of different uses are located in the **Participant Letter** section of ORCA. When you use a template, a case note is automatically created documenting the letter.

Custom letters

Some staff prefer to use their own or a common office-customized letter. Be sure to put a copy of the letter into the appropriate section of the client's file, and include the required language when appropriate.

Office Administration

Office Administrative Duties

Specific procedures for these duties are covered on the noted pages.

- Pay office bills.
- Order office supplies and equipment.
- Order repairs and supplies for office equipment.
- Orient and train new employees.
- Arrange for out-of-state travel.
- Add new vendors and resolve vendor problems.

Paying Office Bills

Any staff responsible for paying office bills should have a SPOTS Visa card. To acquire a SPOTS card, you must first have your Branch Manager's approval, then attend a SPOTS training, which covers how to keep accurate records, receipting, and what constitutes appropriate purchases.

- Whenever possible, pay office bills with your SPOTS Visa card. Keep records, following the guidelines for SPOTS use.
- Reconcile the SPOTS Visa expenditures to receipts.
- If paying with a SPOTS card is not possible, stamp the office bills with the **"Approval for Payment"** stamp. Fill in all required information, object codes must be filled in, and then send to the Payments Specialist in the Financial Services office to request direct payment.

OVRS Internal SPOTS Procedure

By the last working day of the month:

- Cardholders will download a copy of their statement from US Bank and email this along with their signed log and scanned receipts to their Business Consultant for review and accuracy with the appropriate purchases of items. Business consultants may contact the cardholder about purchases or request approval documentation from Branch Managers.

By the 5th working day of the following month

- SPOTS logs, purchases and receipts will be reviewed and approved by the Business Consultant, who will then sign the log, scan and email it back to the cardholder.

By the 10th of the month:

- Cardholder will attach monthly Visa Statement and the SPOTS Activity log to an e-mail along with the live Excel Spreadsheet and send all three documents to OFS VR SPOTS-VISA. Cardholder will also print the log signed by both the business consultant and card holder and retain for their spots records.

Ordering Office Supplies and Computers

Supplies

- Write down needed items on the office supply list.
- Orders must be placed using the applicable state contract agreement. Whenever possible, charge the order on your SPOTS Visa card.
- Order all DHS standard forms and brochures via e-mail from the Information Services Forms Manager in Salem.

Business Cards and Letterhead

Business cards and letterhead are ordered online through Oregon Corrections Enterprises. They allow one account per office, and anyone can use it. To get the account activated, go to their website and email them with the request and all the appropriate information, and they will contact you with instructions within 48 hours.
http://www.myorderdesk.com/Home.asp?Provider_ID=172122

Computers

Computers and peripherals must be ordered through the DHS Office of Information Services. Peripherals include anything attached to a CPU, such as a keyboard, a mouse, speakers, and ergonomic accommodations.

- Complete form DHS 0075, Hardware/Software Purchase Business Requirements.
- Obtain supervisor approval to proceed with the request.
- Scan and send the completed request via e-mail to Request, Computer.
- Complete form DHS 1496 when requesting PDA and Wireless Communication devices (cell phones and Blackberries).

New Employee Orientation

The DHS Administrative Services website contains tools and information to use when orienting new staff members. The website features:

- Manager's guide to new employee orientation conversations.
- New employee forms. Includes descriptions, links to the forms, time frames, and distribution.
- Policies to be reviewed by new employees.

http://www.dhs.state.or.us/admin/hr/tools/data/neo_mgrguide.htm

Here are some major DHS Administrative Services policies that employees must understand and follow, plus tools to use in orienting new staff members. All can be accessed through the DHS Administrative Services policy website.* Policies are updated continuously. Be sure you use the current versions.

- DHS — Conflict of interest policy.
- DHS — Electronic mail (e-mail) access and use policy.
- DHS — Acceptable use of information-related technology policy.
- DHS — Privacy policies.
- DAS — Harassment-free workplace policy.
- DAS — Violence-free workplace policy.
- DAS — Drug-free workplace policy.
- DHS — Human resources administrative policies/procedures index.
- DAS — Rule and policy manual.
- Step-by-step guide to new employee orientation.

When doing an Individual User Profile (IUP, form DHS 0786) form for a new employee, e-mail it to the Service Desk for computer access. Be sure to request access to COREweb. To obtain a main frame/payroll login ID, complete the DHS 0783SSP form and send to the RACF administrator.

**Many DHS policies cross-reference to the Oregon Department of Administrative Services (DAS) policy website. Links on the DHS website will connect you to the appropriate documents on the DAS website.*

Case Administration

Client Files

- **Creating and maintaining client files**
- **Sending and receiving client files (See FD5-1: Sending Documents)**
- **Closing client files**
- **File retention**

Creating and Maintaining Client Files

Following an intake, prepare a client file that holds all forms the participant has completed. The file should include the following:

Front of the file

- Client last name, first name, middle initial.
- Date of birth.
- Personal Identification Number.
- Date of application.
- Mailing address.
- Phone number, including area code.

Folder tab label

- On the label, write the client's last name, first name, middle initial, counselor caseload number, Personal Identification Number, and application date.

Inside the file

- Each section has a specific order in which to place the documents. (See Appendix E: Client Filing Checklist.) Note: All documents will not yet be available when you create the file.
- File documents in reverse chronological order by date, most recent on top.
- File documents with multiple pages so that the **last** page ends up on **top**.

Keeping Open Files Current

- It is a high priority to keep all files current, including closed files.
- Filing should be done at least weekly as time allows.
- Documents waiting to be filed need to be kept in an accessible area.
- Update client personal information changes on the front of the file and in ORCA.
- Enter case notes in ORCA regarding clients as needed. Print and file case notes.

Sending and Receiving Client Files

See FD5-2: Sending Documents

Closing Client Files

In addition to meeting federal regulations regarding file completion status, files must be current with all documents in place before closing.

- Prior to closure, if the file has open AFPs, determine whether the service has been or will be provided. If not, AFPs must be canceled and filed appropriately. If service has been provided, request invoice(s) from vendor(s) and pay the AFPs.

File Retention and Destruction Schedule

Client Case Files

- Retain for 10 years after last action, then destroy.
- Some information may be restricted from public disclosure as authorized by ORS 344.60 for the life of the records.

Supported Employment and Sheltered Services Client Records

- Retain 10 years after client leaves program, then destroy.
- Some information may be restricted from public disclosure as authorized by ORS 344.60 for the life of the records.

No-Show and Closed Inquiry Documents

- Retain for 1 year in a designated folder/holding area.

See Appendix F for additional records retention requirements.

Case Notes and Client Follow-up

- Entering case notes
- Required periodic reviews
- Client requests for services

Entering Case Notes

Case notes are used to keep track of events and information. They are important communication tools that enable all staff to be well informed and up-to-date on situations concerning clients.

- You must enter a case note in ORCA regarding any verbal or written communication with the client, and any action taken.

Required Periodic Reviews

Ninety-day, 6-month, and annual reviews must be completed for each client to verify progress made and note if the client is meeting employment plan objectives. The staff person who completed it must sign a review.

- Any staff member may complete 90-day and 6-month reviews as directed by the counselor and Branch Manager. The staff member who completes the review should sign it as follows:

  [Staff member's name] for [counselor's name]

- Only the assigned counselor can do annual reviews. The counselor and the client must sign the annual review. Financial needs test must be done at annual review.

One-year federal follow-up for "too severe" cases

Federal requirements state that follow-up reporting must be provided for all clients who have been closed "too severe for services" at one year after the file was closed. Closed clients may also request more than one annual review. These follow-ups can be in writing or by telephone.

Print out the Follow-up Report at least monthly to keep track of the clients who need action.

Client Requests for Services

As a part of client follow-up, you may receive requests for services from a current client either in person or over the telephone. If the request meets the requirements of the client's established plan, you may then provide appropriate assistance as directed by the assigned counselor or Branch Manager. Please follow these steps:

- Review the plan and case notes to confirm that the request falls within the parameters of the client's plan. This includes such factors as services authorized by the counselor, timeframes for services, and the amount authorized.
  - If the request fits the plan, you may proceed appropriately.
  - If the request does not fit the plan, the client will have to speak with counselor or, in an emergency, another counselor or the Branch Manager.
  - Write a case note regarding request and action taken.

Authorizations for Purchase (AFP)

- Processing authorizations
- Reconciling and paying invoices
- Handling single and multiple invoices
- Group authorizations
- Paying AFPs on closed files
- Vendors – Providers of services/goods

Processing Authorizations

After the authorization is issued, printed, and signed by the issuer:

1. Place the original file copy of the authorization in the appropriate folder or holding area to await the invoice from the vendor. An efficient way to ensure that AFPs don’t age off is to keep them in numerical order, but they may also be filed in alphabetical order.
2. Send vendor copy to vendor.

FYI: See Appendix G for frequently asked questions about AFPs.

Reconciling and Paying Invoices

Following these steps is very important to keep the system working correctly and to avoid loss of AFPs and invoices.

When the invoice arrives:

1. Date-stamp the invoice and, if appropriate, stamp it with the **“report received”** stamp. Check invoice for accuracy.
2. Find the file copy of the authorization for purchase in the appropriate folder/holding area and staple it to the front of the invoice.
3. Give the AFP/invoice to the counselor to initial, date, and approve for payment.
4. Once the counselor has approved, pay the AFP.
5. File the AFP appropriately.

Handling Single and Multiple Invoices

One invoice for multiple AFPs for a single client:

1. Make a copy of the invoice for each AFP represented on the invoice.
2. Highlight the AFP number and amount on the invoice for the particular AFP. Each AFP should have its own copy of the invoice.
3. Staple AFP to the top of the original invoice or the copy you have made.
4. Follow procedure for payment of invoices, above.

One invoice for multiple clients:

1. Make a copy of the invoice for each client listed on the invoice.
2. Staple a copy of the invoice to the AFP for each client.
3. Black out the names and Social Security numbers of clients who are not on the attached AFP.
4. Follow procedure for payment of invoices, above.

Group Authorizations

These are handled only by authorized staff and require specialized training. If your duties involve group authorizations, contact your District Business Manager. Group authorizations allow a vendor to issue a single invoice for a group rather than a separate invoice for each participant. They may be used when a vendor performs the same service for several participants at the same time, or to authorize the same service to the same participants from one month to the next. Examples include: medical and psychological consultation for a group of participants; bus passes for a group of participants each month; language interpretation for a group of participants; workshops – WRAW/START.

Paying Canceled AFPs on Closed Files

Basic procedure:

1. E-mail a request to reopen the AFP to ORCAHELP. Include this information:
   - Client’s first name and last initial.
   - Personal Identification Number.
   - AFP number.
2. The ORCAHELP team will reopen the AFP and notify you by return email that it is done.
3. You will then have until the end of the day to pay the AFP.

If the AFP was partially paid or if an AFP was never created a new one must be created:

1. Send e-mail to ORCAHELP containing the information needed to create a new AFP.
   - Client's first name and last initial.
   - Personal Identification Number.
   - Original AFP number (if there was one).
   - Vendor name and amount owed.
   - Categories (primary and secondary, if needed).
   - Services the AFP is requesting.
   - Closure date of client's file.
2. The ORCA team will create and issue the AFP and notify you via e-mail.
3. You will then print the file copy of the AFP, sign it, have it paid, and place it, attached to the original AFP, in the client's file.

If the AFP must be paid by an ORCA Team Member:

1. Scan and then email the AFP and invoice to ORCAHELP.
2. After the payment is made, the signed AFP will be scanned and emailed back to you.
3. You will then print the scanned copy, attach it to the original and place in the client's file.

Vendors

All vendors working with OVRS are subject to standard contract terms and conditions either implied by an AFP or stated in a signed contract.

OVRS works with two types of vendors: those who provide goods and those who provide services.

Goods are defined as tangible commodities such as books, clothing, hearing aids, dentures, etc.

Service is defined as labor that does not produce a tangible commodity such as job development, mental health counseling, child care, tutoring, etc.

Vendors of goods do not require state licensing in order to provide material items to our clients. These vendors may be added to the ORCA vendor list by submitting a completed vendor file information sheet through CORE to the designated Financial Services Vendor Coordinator.

Vendors of service fall into two categories: those which are licensed and/or regulated by the state (i.e. doctors, mental health counselors, etc.), and those which are not licensed and/or regulated by the state (i.e. job developers, tutors, child care providers, etc.).

Vendors of services who are licensed and/or regulated by the state may be added to the ORCA vendor system in the same way as vendors of goods.

Vendors of services which are not regulated by the state may only be added to the ORCA vendor list by going through the OVRS Vendor Coordinator. This process is started by submitting the Vendor File Information Sheet to the Vendor Coordinator. These services include child care, tutors, Qualified Business Experts, etc.

Some services are strictly regulated by OVRS which include job development, job coaching, job placement and retention and these vendors must work through the OVRS Job Development Contract Coordinator.

Requesting Medical and Non-Medical Records

- Requesting records to determine eligibility
- Tracking requests
- Non-medical records

A request for medical records can be made at any time, but is most often issued as part of the process to determine a client's eligibility for services. **FYI:** See Appendix C for guidelines governing payment for copies of medical records.

Requesting Records Needed to Determine Eligibility

During application, both the counselor and client will have signed Authorizations for Release of Information form 2099 for each physician, care provider, or other entity. The original release stays in the client's file.

- Check the client's Authorization for Release of Information form and application or case notes to verify exactly what information the counselor is requesting.
- At the counselor's request, include a Functional Capacities Assessment form for the provider(s) to complete and return.
- Print or copy the medical request letter on letterhead paper. File a copy in the correspondence section of the client's file.
- Mail the letter (signed by the staff member sending the request) along with a copy of the release and other indicated forms.

Tracking Requests

A tracking system is critical to make sure clients move through the eligibility determination process in a timely manner. By federal regulation, eligibility must be determined within 60 days of application, which can be extended only under extenuating circumstances as directed by the counselor.

- Maintain a log that tracks when requests for information were sent. Include the names, the dates the requests went out, and the dates a follow-up will be made if a response has not come in.
- While waiting for a response to a request, you may keep the prospective client's file in a specified "application" section or file drawer. This will allow easy access for the counselor and other staff members.

- After three weeks with no response, call the facility to move the process along. A number of calls or faxes may be necessary to get the information. Note on the tracking log all attempts to get information.
- During routine individual meetings with counselors, keep them informed of records that have come in and the status of the file.

Non-medical Records

Counselors may request non-medical records from a variety of sources. The procedures for making and tracking these requests are the same as for medical records. Examples are:

- Disability Services Office.
- Social Security.
- Local county mental health.
- Private counselors.
- Schools.
- Treatment centers.

Handling Incoming Records Requests

- Client access to files
- Information that can be released or re-released
- Notification of withheld documents
- Requests from attorneys
- Releasing information with written client authorization
- Releasing information without client authorization
- Additional requirements when releasing information
- Billing policy and procedures
- Documenting information released

Client information requested by other agencies or sources may not be released without written permission from the client unless the information has direct bearing upon the provision of Vocational Rehabilitation services. (See OAR 582-030-0030 and 582-030-0040.)

FYI: The DHS forms referred to in this section may be found at the DHS Forms Warehouse: **http://www.dhs.state.or.us/admin/forms/**

Client Access to Files

- Clients may request access to their own files by using form DHS 2093.
- Clients may authorize release to others of most, but not all, of their file information by using form DHS 2099.
- Non-DHS forms are sometimes acceptable. DHS policy requires that these outside forms contain **all** of the following items:
  - A description of the information to be used or disclosed, identifying the purpose of the information in a specific and meaningful fashion.
  - The name or other specific information about the person(s), classification of persons, or entity (for example, DHS or specified DHS program) authorized to make the specific use or disclosure.
  - The name or other specific identification of the person(s), classification of persons, or entity to whom DHS may make the requested use or disclosure.

- An expiration date or an expiration event that relates to the individual or to the purpose of the use or disclosure.
- Signature of the individual, or of the individual's personal representative, and the date of signature. If a personal representative signs the authorization form instead of the individual, the form must provide a description or explanation of the representative's authority to act for the individual, including a copy of the legal court document (if any) appointing the personal representative.

Information That Can Be Released or Re-Released

As a general rule, clients or their representatives may obtain access to or copies of, or authorize the release of, any or all documents in their file. These include such materials as file information obtained from another agency or organization, treatment records, and psychological evaluations, **unless** the materials meet one of the conditions below. In these specific situations, OVRS staff ("agency") must follow the listed procedures.

Information that may harm the client

OVRS may withhold from clients information that may harm those clients. In such cases, OVRS counselors must follow these procedures:

1. Contact the practitioner(s) who wrote the report(s) to request an opinion as to whether the practitioner believes direct release of the information would be harmful to the client. If a practitioner is unavailable:
2. Obtain an opinion from the appropriate office medical or psychological consultant as to whether the consultant believes direct release of the information would be harmful to the client. The consultant will record his/her opinion on the Medical/ Psychological Review Record in the medical jacket (R-114).
3. If the practitioner or consultant states that direct release would **not** be harmful: the counselor will release the requested OVRS information directly to the client or (as appropriate) to the client's parent, guardian, or designated representative.

4. If the practitioner or consultant states that direct release would be harmful: the counselor will request, but not require, the client to designate an appropriate and qualified physician or psychologist of the client's choosing for the purpose of reviewing and interpreting the contents of the report(s) to the client. If the client agrees, the counselor will schedule the appointment, mail copies of the report(s) to the practitioner, and, if the client so requests, execute an Authorization for Purchase to pay the practitioner for an office visit at the current OVRS approved rate of payment.
5. Medical, psychological, or other information that the agency determines may be harmful to the individual may not be released directly to the individual, but if release is allowed under these rules, must be provided to the individual through a third party chosen by the individual, which may include, among others, an advocate, a family member, a qualified medical or mental health professional, unless a representative has been appointed by court to represent the individual, in which case the information must be released to the court-appointed representative.

Client information that may harm someone else if released

OVRS may withhold or black out information if its release would potentially harm someone else.

Documents marked CONFIDENTIAL or NOT FOR RE-RELEASE

A client's file may contain documents stamped **"Confidential – not for re-release"** or stating that they may not be re-disclosed (this is the case with nearly all substance abuse treatment records). Any such document not originally obtained directly from the client can be released only through one of the following processes:

- Clear its re-release with the source, **or**
- Advise the client (or client's representative or attorney) to obtain the document directly from the source. Provide sufficient information about document type, date of service, etc., for the client/representative and the source to identify the correct material.

If there is case file information obtained from another agency or organization, or treatment records, or psychological evaluations not stamped by the source to discourage further release, consult with your Branch Manager or Vocational Counselor to determine whether these documents may be released to the client or client's representative (and therefore provide them).

FYI: Contact the source if you have concerns.

Notification of Withheld Documents

If you withhold documents when filling a request for an entire client file, identify in a general way the withheld documents to avoid giving the false impression that the file is complete.

Requests from Attorneys

- If you receive a phone call from an attorney regarding the release of client documents, advise the attorney to use form DHS 2099 signed by the client instead of a subpoena.
- Do **not** release documents in response to a subpoena or court order unless you are authorized to do so by OVRS administration in Salem. This will generally be the Policy Analyst (see Appendix B: Contact Points).
- Subpoenas for documents must be served on the OVRS Administrator in Salem. If you receive a subpoena or a court order, notify the Branch Manager and the Policy Analyst in Salem. Fax the subpoena and/or court order and all attachments that arrive with it to the Policy Analyst.

Releasing Information with Written Client Authorization

Follow these procedures when you have written authorization from the client to release information:

- Limit the documents release to those identified in the description of information to be disclosed and for the purpose specified on the authorization form.
- Honor an authorization **only** if you are positive that the client received a thorough explanation and understanding of the purposes, limitations, involved organizations or individuals, and specific information.

Releasing Information without Client Authorization

When you do not have written authorization from the client, you may release information only if one of the following applies:

- Information is released within DHS, to the extent necessary to administer the OVRS program.

- Information is released to the federal Rehabilitation Services Administration or other state or federal agencies with regulatory authority over OVRS or administrative responsibilities necessary for OVRS services. Must be the minimum information necessary for internal OVRS administrative purposes.
- Information is released outside DHS, but to an agency with which OVRS has a cooperative agreement, providing **all** of the following apply:
  - The information released does not include written treatment records or information about substance abuse, HIV, DNA, or genetic background.
  - During application and other times client information is being collected, OVRS has informed the client about situations where information is routinely released and has identified the specific agency.
  - The information released has a bearing on administration of the OVRS program and/or the provision of OVRS services.
- Information is released to a potential employer in connection with job placement, providing **all** of the following apply:
  - The client has been informed in advance that OVRS will share work-related client information with potential employers.
  - The information shared is limited to that necessary to the placement process and the client's abilities to perform, retain, or acquire the skills to perform specific employment.
  - The information shared in this context does not include health or treatment information.
- Information is released to protect the client from physical harm to self or others.
- Information is released in response to law enforcement, fraud, or abuse investigations. Disclosures to law enforcement of health or treatment information not involving protection against physical harm are limited to the following situations:
  - Reporting certain injuries or wounds, providing information to identify or locate a suspect, victim, or witness.
  - Alerting law enforcement of a death as a result of criminal conduct.

- Providing information that constitutes evidence of criminal conduct on DHS premises.

- Information is released to the extent required in response to an order from a judge, magistrate, or judicial officer. Note: a subpoena is not a court order.
- Information is released when required by federal or state law.
- Information is released for approved audit, evaluation, or research purposes.
- Information is released in suspected cases of abuse, neglect, exploitation, or endangerment, unless federal or state laws or regulations expressly prohibit the release.

Additional Requirements When Releasing Information

Follow these steps when releasing copies of file information to anyone, for any purpose:

1. Stamp each page with the **confidential** stamp.
2. Unless you have personal knowledge, be sure to verify signatures (on releases), fax numbers (when faxing), addresses (when mailing), and identity (for in-person pick up) to reduce the chances of information releases under false pretenses.

Billing Policy and Procedures

- A client or client's representative may request a copy of information from the client's files at no cost once every 12 months. If the client requests another copy of the same information, written summary, or explanation more frequently than this, OVRS may impose a reasonable cost-based fee.
- If an agency or organization requests client records, fees may be assessed for accessing stored records, extracting filed matter, duplicating records, and/or other costs necessary to meeting the request.
- OVRS may establish additional reasonable fees to cover extraordinary costs of duplicating records, making extensive searches, or preparing written summaries of records.
- All moneys received shall be handled and recorded under approved state accounting procedures.
- The fee assessment may be waived at the option of the office or unit that processes the requested material.

Documenting the Information Released
When you release client information, be sure to document the release in the appropriate section of the client's file:

- Include a cover letter with the information you send out.
- File the client release form according to the Client File Checklist (Appendix E).
- Fill out form DHS 2097 and file it according to the Client File Checklist if information is released outside OVRS without written client authorization for any of the following reasons:
  - Information to a public health official (other than staff employed for public health functions) such as reporting a disease or injury.
  - Information in response to mandatory child or elder abuse reporting laws (other than protective services staff who respond to such report) to an entity authorized by law to receive the abuse report.
  - Information from an individual's record in response to an audit or review (whether financial or quality of care or other audit or review) of a provider or contractor.
  - Information from an individual's records in relation to licensing or regulation or certification of a provider or licensee or entity involved in the care or services of the individual.
  - Information about an individual that is ordered to be disclosed pursuant to a court order in a court case or other legal proceeding – include a copy of the court order with the accounting.
  - Information about an individual that is provided to law enforcement officials pursuant to a court order - include a copy of the court order with the accounting.
  - Information about an individual that is provided by DHS staff to avert a serious threat to health or safety of a person.

Appendices

Appendix A

Acronyms and Terms Used at OVRS

A A A A A

A&D: Alcohol and Drug; term used in conjunction with the former Office of Alcohol and Drug Abuse Program (OADAP), which no longer exists. Preferred term is now Alcohol, Tobacco, and Other Drugs (ATOD). OADAP is now Office of Mental Health and Addiction Services (OMHAS) and is in the Health Services cluster.

AAA: Area Agency on Aging.

ADA: Americans with Disabilities Act. The landmark legislation insuring access and accommodations for individuals with disabilities at home, work, and in the community.

AFP: Authorization for purchase

AG: Attorney general.

ARAN: American RehabACTion Network.

Arc, The: A national organization that advocates for persons with mental retardation, related developmental disabilities and their families.

ASL: American Sign Language.

ATI: Access Technologies, Inc. Clearinghouse for equipment to improve accessibility, etc., for individuals with disabilities.

B B B B B

Basic 110: Federal funds from the Rehabilitation Act of 1973 to assist people with disabilities become employed.

C C C C C

CAF: Children, Adults and Families. The program area at Central Office in Salem that includes the child welfare (former SCF) and self-sufficiency (former AFS) disciplines.

CAP: Client Assistance Program. A federally mandated dispute resolution program.

CIL: Center for Independent Living.

COG: Council of Governments.

CORE Web: Centralized Online Resource Environment (An OVRS online forms and resource warehouse).

CORIL: Central Oregon Resources for Independent Living (Bend).

CRC: Certified Rehabilitation Counselor.

CRP: Community Rehabilitation Program.

CSAVR: Council of State Administrators of Vocational Rehabilitation.

D D D D D

DAS: Oregon Department of Administrative Services.

DASIL: Disability Advocacy for Social & Independent Living (Medford).

DD: Developmental Disabilities.

DDS: Disability Determination Services.

DHHAP: Deaf & Hard of Hearing Access Program.

DHS: Department of Human Services.

DOT: Dictionary of Occupational Titles.

E E E E E

EOE: Equal Opportunity Employer.
EFT: Electronic Funds Transfer (Direct Deposit)
EPD: Employed People with Disabilities. SPD program to allow EPDs to continue Medicaid eligibility while working.
ESD: Education Service District.

F F F F F

FFY: Federal fiscal year.
FNT: Financial Needs Test
FTE: (1) Full-time employee.

G G G G G

GAAP: General Accepted Accounting Principles
GED: General Education Development credential, obtained by those who did not obtain a high school diploma. (Often called "General Educational Diploma," but the credential is not technically a diploma.)

H H H H H

HCFA: Health Care Financing Administration.
HIPAA: Health Insurance Portability and Accountability Act, passed by Congress in 1996. Law guards against disclosure of personal health information.
HMO: Health Maintenance Organization.
HOH: Hard of hearing.
HR: Human Resources.
HSA: Human Services Assistant.

I I I I I

IEP: Individual Education Plan.
ILR: Independent Living Resources (Portland Area CIL).
IPE: Individualized Plan for Employment.

M M M M M

MH: Mental Health

N N N N N

NAD: National Association of the Deaf.
NAMI: National Alliance for the Mentally Ill. National association of advocates for the mentally ill.
NCIL: National Council of Independent Living.

O O O O O

OAC: Oregon Advocacy Center.
OAR: Oregon Administrative Rule.
OBIRN: Oregon Brain Injury Resource Network.
OCB: Oregon Commission for the Blind.
ODC: Oregon Disabilities Commission.
OHP: Oregon Health Plan.
OHSU: Oregon Health Sciences University.
OJT: On-the-job training
OIS: Office of Information Systems (Central Office).
OLMIS: Oregon Labor Market Information System. Employment Dept. website/database that links directly with current job listings statewide.
OMAP: Office of Medical Assistance Programs.
OOS: Order of selection.
OPEU: Oregon Public Employees Union.
ORAN: Oregon Rehab ACTion Network.
ORCA: Oregon Rehabilitation Caseload Automation. The OVRS caseload management system.
OVRS: Office of Vocational Rehabilitation Services.

R R R R R

RSA: Rehabilitation Services Administration (Federal)

S S S S S

SEIU: Service Employees International Union
SHHH: Self Help for Hard of Hearing. National group with local chapters.
SILC: State Independent Living Council.
SIS: Shared Information System (Employment Dept).
SNAP: Supplemental Nutritional Assistance Program
SPD: Seniors and People with Disabilities.
SPOTS: Small Purchase Order Transactions System. Refers to state-issued credit cards used for certain purchases.
SRC: State Rehabilitation Council.
SSA: Social Security Administration.
SSDI: Social Security Disability Insurance (Title ll of the Social Security Act).
SSI: Supplemental Security Income (Title XVl of the Social Security Act). Needs-based SSA program for aged, blind, and persons with disabilities.

T T T T T

TANF: A self-sufficiency term meaning Temporary Assistance to Needy Families. This program provides cash benefits to one- and two-parent low-income families.

TBI: Traumatic brain injury.

TRIPS: Travel Reimbursement Information Processing System.

TRS: Telecommunications Relay Services (aka Oregon Relay).

V V V V V

VRC: Vocational Rehabilitation Counselor.

W W W W W

WIA: Workforce Investment Act (includes the Rehabilitation Act as Title lV).

Contact Points

Use the following contact information as specified in this manual when communicating with OVRS Financial Services and OVRS Administration.

Refund Checks: Janice Racette P.O.Box 14066 Salem, OR 97309-5030	**SPOTS Card:** SPOTS Coordinator 500 Summer St. NE, E-82 Salem, OR 97301-1090 (503) 945-6230 Fax: (503) 373-0728
Vendor or Direct Checks returned to OVRS office: Roxanne Wood P.O. Box 14006 Salem, OR 97309-5030	**ORCA System Business Manager**: 500 Summer St NE, E-87 Salem, OR 97301-1120 (503) 945-6941 Fax: (503) 947-5025
OVRS Administrator: Department of Human Services 500 Summer St NE, E-87 Salem, OR 97301-1120	**Policy Analyst:** (503) 945-6695 Fax: (503) 947-5025

Dispute Resolution

OVRS Dispute Resolution Coordinator: 500 Summer Street, NE E-87 Salem, Oregon 97301-1120 Fax: (503) 947-5025	**Client Assistance Program (CAP) *(not part of OVRS)*** 1-800-452-1694 TTY: 1-800-556-5351 E-mail: welcome@oradvocacy.org
Forms needed when a client requests mediation or a fair hearing: **www.oregon.gov/DHS//vr/dispute_resolution.shtml**	

Useful Web Sites

- New employee orientation:
  www.dhs.state.or.us/admin/hr/tools/data/neo_mgrguide.htm

Payment for Copies of Client Medical Records

OVRS follows specific administrative guidelines with regard to paying for copies of medical records for our clients. Standard agency practice is to include the guidelines in all medical correspondence requesting copies of records. The guidelines are spelled out in ORCA's medical records request letter. If you choose to use a custom letter, it is mandatory to include the correct language, as per the sample letter in Appendix D.

DEPARTMENT OF HUMAN SERVICES, VOCATIONAL REHABILITATION SERVICES
DIVISION 75
RATES OF PAYMENT -- MEDICAL

582-075-0010
General Policy

(1) The Office of Vocational Rehabilitation Services (OVRS) does not have the authority to reimburse vendors for the cost of goods and services if OVRS has not authorized payment prior to the provision of goods and services. OVRS shall reject all charges without such prior authorization.
(2) Except as provided in subsection (3) of this rule and OAR 582-075-0030, the amount that OVRS shall pay vendors for previously authorized medical or psychological services shall be the lesser of the following:
(a) The lowest fee that the vendor charges the general public or other state agencies for the service; or
(b) One of the following prescribed fees:
(A) The maximum fee prescribed by the Workers' Compensation Schedule.
(B) For medical, psychological, laboratory, and other services not governed by that schedule, OVRS shall pay the amount derived by applying the cost ratio between that schedule and the Division of Medical Assistance Program (DMAP) Schedule to the fee prescribed by the DMAP schedule.
(3) With prior written approval by the Field Services Manager, OVRS may exceed the fee prescribed by subsection (2) of this rule when financial or human considerations outweigh the difference in cost.
Stat. Auth.: ORS 344.530(2)
Stats. Implemented: ORS 344.511 - 344.690

Hist.: VRD 1-1991, f. 1-14-91, cert. ef. 3-1-91; VRD 4-1993, f. & cert. ef. 11-1-93; VRD 6-1997, f. 12-31-97, cert. ef. 1-1-98; VRS 5-2004, f. & cert. ef. 8-5-04

582-075-0020

Definitions

(1) "Brief narrative," as used in division 075, means a document from a treating vendor that summarizes client treatment to date and current status; responds briefly to 3-5 specific questions posed by OVRS, if any; and is usually one or two pages.

(2) "Complete narrative," as used in division 075, means a document from a treating vendor that describes an extended client history, addresses six or more specific topics, and is usually three or more pages.

(3) "Vendor, " as used in division 075, means an entity that provides goods and/or services at the request of OVRS.

Stat. Auth.: ORS 344.530(2)

Stats. Implemented: ORS 344.511 - 344.690

Hist.: VRD 1-1991, f. 1-14-91, cert. ef. 3-1-91; VRD 4-1993, f. & cert. ef. 11-1-93; VRD 1-1997(Temp), f. 5-8-97, cert. ef. 6-15-97; OAR 582-075-0020(Temp) suspended by VRD 2-1997(Temp), f. 6-13-97, cert. ef. 6-15-97; VRD 6-1997, f. 12-31-97, cert. ef. 1-1-98; VRS 5-2004, f. & cert. ef. 8-5-04

582-075-0030

Medical Evidence of Record (MER) and Narrative Charges

(1) OAR 582-075-0010(2) and (3) do not govern payment for Medical Evidence of Record and Narratives.

(2) OVRS payment for existing medical records shall not exceed the lesser of the following:

(a) The lowest fee that the vendor charges the general public or other state agencies for the service; or

(b) When the invoice itemizes the number of pages copied and provided:

(A) $18.00 for ten or fewer pages;

(B) $0.25 per page for pages 11 to 20;

(C) $0.10 per page for pages greater than 21; and

(D) A total maximum payment of $22.50.

(c) When the invoice does not itemize the number of pages copied and provided, a total maximum payment of $18.00.

(3) Additional payment will not be made for second or subsequent requests when the information to be provided was available to the vendor when the original request was processed.

(4) Integrated records will be paid as a single record request.
(5) When OVRS receives copies of existing medical records within 7 days from the date recorded on the OVRS record request, OVRS shall pay the vendor an additional $5.00. Time shall be measured from the date of the OVRS written request to the date that OVRS electronically receipts the copies or receives them in the rehabilitation services local office.
(6) When OVRS and a vendor enter a public contract for the contractor to obtain existing medical records on behalf of OVRS and perform additional related services:
(a) The contract governs payment to the contractor;
(b) The fee schedule prescribed by subsection (2) governs the contractor's payment to those from whom the contractor obtains the medical records.
(c) No bonus, as prescribed by subsection (5) of this rule shall be paid by OVRS or by the contractor.
(7) When purchasing a brief narrative, OVRS shall pay the amount billed up to a maximum payment of $35.00.
(8) When purchasing a complete narrative, OVRS shall pay the amount billed up to a maximum payment of $75.00.
(9) A supplier of records under this rule is not entitled to any payments if the supplier fails to provide the records requested within a specific deadline identified in the letter requesting the records, and OVRS is not able to make use of the records as a result.
Stat. Auth.: ORS 344.530(2)
Stats. Implemented: ORS 344.511 - 344.690
Hist.: VRD 1-1991, f. 1-14-91, cert. ef. 3-1-91; VRD 4-1993, f. & cert. ef. 11-1-93; VRD 1-1997(Temp), f. 5-8-97, cert. ef. 6-15-97; OAR 582-075-0030(Temp) suspended by VRD 2-1997(Temp), f. 6-13-97, cert. ef. 6-15-97; VRD 6-1997, f. 12-31-97, cert. ef. 1-1-98; VRS 5-2004, f. & cert. ef. 8-5-04

582-075-0040

Limitations of Payments

The vendor shall accept the fees prescribed by division 75 as payment in full. If a vendor's usual and customary fee for a service exceeds the fee prescribed by division 75, the client and/or his or her family shall not be liable to the vendor for any portion of a vendor's usual and customary fee unless the client and/or his or her family agrees in writing to assume the additional charges. Without such explicit agreement, the vendor must

accept the OVRS payment, including any client co-payment, as payment in full.
Stat. Auth.: ORS 344.530(2)
Stats. Implemented: ORS 344.511 - 344.690
Hist.: VRD 6-1997, f. 12-31-97, cert. ef. 1-1-98; VRS 5-2004, f. & cert. ef. 8-5-04

Sample Letter for Over-Charge by Medical Records Providers

Date

Dr. Dan Jones
1000 1st Street
Springfield, OR 97477

Attn: Billing Department

At the end of this letter are the guidelines that the Office of Vocational Rehabilitation Services (OVRS) is allotted to pay for copying of medical records, as stated in our original letter of request for records. Please note that the bold section states the maximum amount that OVRS can pay under these circumstances. Your office will be receiving a check for $18.00 for 3 pages of medical records.

Thank you for getting these records to us. If you have any questions, please call me at the number below:

> Please be advised that the Office of Vocational Rehabilitation Services uses the workers compensation and Oregon Medical Assistance Program payment schedules. If the billing for medical records does not itemize the number of pages, we pay a maximum of $18.00. When the billing is itemized, we pay as follows:
>
> - **1 to 10 pages: $18.00**
> - **11 to 20 pages: $18.00 plus .25 per page for pages 11–20**
> - **More than 20 pages: $20.50 plus .10 for pages 20+ for a max of $22.50**
> - **Integrated records are paid as a single record request.**

Sincerely,

John Smith

Client Filing Checklist

File documents chronologically from bottom to top of file.
Required items are marked with an asterisk (*).

First Section – Left Side

- *ID Verification – Proof of authority to work in the US
- *Application for Services, signed by client
- Personal Information Questionnaire
- Functional Capacity Self-Assessment
- *Employment History (or similar document)
- Information from client’s closed files except medical, which goes into the medical jacket
- *Personal Information (ORCA)
- *Application (ORCA)
- *Eligibility Determination Extension (if needed)
- *Trial Work Experience and Extended Evaluation Plan (if needed)
- *Eligibility
- *Disability Browse
- *VR Financial Aid Report (R-21) and Grant/Letter (if in a training program that receives federal funds)
- *Rationale for Goal Selection/Job Market Survey and Analysis
- *Individualized Plan for Employment
- *Plan Amendment (if new plan needed)
- *Plan Revisions (filed by date)
- *Plan Reviews (filed by date)
- *Job Ready (if needed)
- *Employment page (ORCA)
- *Closure page
- *Post Employment Services Plan (PES) (if needed)
- *PES Closure (if needed)

First Section – Right Side

- *Copies of letters that are sent out accompanying the release of information forms, requesting information on disability
- Client reports
- *Business proposal worksheet/business plan/projected financial profit and loss statement for business, and other information for self-employment
- Comparable benefit and resources/client financial information
- Grant reports
- *Case Notes (filed by date)
- All correspondence
- All information and reports received from workshops, trainer's reports, job development reports, etc.
- Bids for purchases
- Ticket to work 1365 (copy)
- *Federal follow-up letter and report (closure/too severe to benefit)

Second Section – Left Side (Referrals)

- *HIPAA release of information forms
- *All other HIPAA forms
- Community Rehabilitation Program (CRP) Referral, FAC24
- Interagency Referral
- Work Opportunity Tax Credit (WOTC) Certification

Second Section – Right Side

- R-141 Client Property Assignment
- R-141 Client Property Disposition
- Request for Social Security number change
- MI/MET Documentation

Medical Jacket (Located Inside the Second Section)

- Information sheet (varies by office) listing physicians, other care providers, and other agencies
- All evaluations and reports (learning, mental, physical, school)
- All assessments to determine eligibility
- High school transcripts

Third Section – Left Side (Fiscal Projections)

- SSA Benefits request and response
- Financial Needs Test
- Copy of monthly SAIF report (original goes to Admin)
- On-the-job training (OJT) contracts
- R-5 plan cost services schedule (most current on top)

Third Section – Right Side (Fiscal Expenditures)

- *Authorizations and invoices/receipts

Records Retention and Destruction Schedule

Record	Retention/Destruction Date
Client Case Files	10 years after last action
Employee Time Sheets	4 years
Equipment Disposition	4 years
Equipment Maintenance	1 year after equipment disposition
Group AFPs	10 years
Personal Service Contracts	6 years
Postal Records	4 years
Financial records including purchase orders and SPOTS records	6 years
Routine correspondence	1 year
SAIF Claim Records	6 years after disposition
Scheduling Records	1 year
Security records for building	5 years
Workplace Incident Reports (OSHA)	10+ years

Authorizations FAQs

How do I make sure authorizations do not age off?

- Run "Open Authorization by End Date" report out of each caseload on the same date each month. Follow the ORCA instructions to pull the report and chose a date that is a month away.

What do I do if an authorization is ready to age off?

- Check with counselor to make sure the service was done. If not, and if it is not going to be done, cancel the authorization and file it in the hard file.
- If service has been done, call vendor to request invoice.
- Extend the end date at least a month - look up the client, go to authorization layout screen, select the correct authorization, go to edit, then change the end date.

What if an authorization is ready to age off and the service isn't done yet?

- If the service has not started but is expected to be done, the authorization should be cancelled and a new one issued. (This would happen if the service takes place during a different month than the issue date, especially if it crosses over a fiscal year.)
- If the service is partially done and it is expected to be finished soon, extend the date accordingly.
- If the service is not going to be done, the authorization should be cancelled and filed in hard file. Do not throw away any file copies of unused authorizations.

What if the service is still in process and an invoice can't be sent yet?

- Occasionally, it is normal that a vendor does not send invoices for up to 4 or 5 months after receiving the authorization. For example, a community college may not bill until after the term is over. If this is the known normal operating procedure for the vendor, the AFP end date should be extended when the AFP is issued.

How do I cancel an AFP?

- Go to Authorization Layout, select the correct AFP, go to actions, select "Cancel Authorization"
- In red ink, fill in section 4 of the authorization completely with a line through the invoice number box, note it is cancelled and sign and date it.

What if I get a statement instead of an invoice?

- You may pay from a statement if it takes the place of an invoice and contains the audit requirements for invoices (see below).
- If an invoice number is listed on the statement, we must request the invoice to pay from

What do I do when the report and invoice are received?

- Stamp both documents with date and “received” stamps. (Invoice received, report received)
- Review invoice for audit requirements.
- Attach invoice to file copy of AFP.
- Give AFP and report to counselor for approval of payment.

What are the audit requirements for invoices?

- Vendor name & Address
- Client name
- Date of Service
- Name of service
- Amount charged for services with itemization showing details

What if the invoice is incomplete or incorrect?

- Information can only be added to the invoice that we know to be a fact, i.e., client's name, service/goods provided, and date of service.
- We cannot alter an invoice to increase the amount billed. In that case, a new invoice needs to be requested. We may decrease the amount billed with the notation "per vendor's agreement" and our signature and date of note.
- We cannot pay over the original issue amount on an AFP.

What if the invoice is a HCFA form from a medical office without defining the service in words?

- Make sure the service is noted on the form. It is ok for field staff to spell it out on the HCFA form.

What if I am paying an AFP and there is no invoice number?

- Use the authorization number as invoice number.
- Never use leading zeros, dashes (-) or dots (.) in the invoice number.

What if the actual date of service is different from the one on the AFP?

- The service start date should be changed in the payment screen if the service started after the authorization was issued. If the service start date is prior to the issue date, the date cannot be changed.

What do I do if an authorization has aged off?

- Search ORCA for the client.
- Go to authorization layout.
- Select the correct authorization, go to Actions, and reopen authorization.

What if I am unable to reopen an authorization?

- Check to make sure the file is open. Field staff cannot reopen AFPs if file is closed.
- If file is open, the authorization may have been issued during the previous state fiscal year. If that is the case, an ORCA Administrator will have to reopen it for payment so an email to ORCAHELP is necessary.
- If file is closed, an ORCA Administrator will have to reopen it for payment. Send an email to ORCAHELP with the required information and ask for the AFP to be reopened.

What are the fiscal year dates?

- The state fiscal year dates are July 1st through June 30th
- The federal fiscal year dates are October 1st through September 30th

How do state and federal fiscal years affect authorizations?

- Authorizations done before the end of the state fiscal year (6/30) encumber funds from that year. Those AFPs need to be paid by the end of the federal fiscal year (9/30) to ensure that the funds are drawn against the budget from the state fiscal year. *This is especially important to follow on a new biennium year.*

What if the authorization has aged off, the service is done, and both fiscal years are over?

- The AFP cannot be reopened by field staff. An email request must be sent to the ORCAHELP address for an ORCA Administrator to reopen the AFP. It must be paid on the same date as it is reopened.

How do I get an invoice paid for a file that has been closed? There was no AFP issued prior to closure.

- When an AFP is needed for medical records and the file has been closed, ask ORCAHELP, via email, to issue the authorization for you. Include in the email the following information:
    1. Client's name (first name, first initial of last name Participant ID number)
    2. Service Provider
    3. Service provided
    4. Date of service (When Medical Records were requested)
    5. Amount of service
- When an AFP is needed for a service other than medical records because the VRC did not issue it prior to services, it is necessary to get the branch manager's approval. An email to the Branch Manager with the information and an explanation as to why the AFP wasn’t issued prior to closure will then be forwarded by the Branch Manager to ORCAHELP.

- If an AFP has been paid and shows as CLOSED in ORCA, it cannot be reopened; a new AFP must be issued replacing the old one. If the file is closed, the request needs to go through ORCAHELP. Please include the original AFP number, the client's name and the same information required to issue an AFP for medical records.

Who signs an AFP?

- The issuer usually* signs and dates the authorization in section 2 under the description.

  (*if an authorization is issued on a closed file by the ORCA manager or a business manager outside of your office, it is acceptable for someone else to sign the authorization in section 2 after printing it. It is not acceptable for that person to pay the authorization.)
- The payer signs section 4 after paying the authorization. The original full legal signature is required in this section.

Direct Pay AFPs for mileage reimbursement - what is needed?

- If you are in a city that provides adequate mass transit and the counselor has authorized a monthly gas allowance in lieu of a bus pass, a direct pay AFP in the amount equal to the cost of a bus pass does not need to have a receipt attached.
- If you are in a city that provides adequate mass transit and the counselor chooses to authorize over the amount of the cost of a bus pass, a monthly mileage log is required.
- If you are in an area without adequate mass transit, it is necessary to have the client provide a monthly mileage log for gas allowance provided. If the plan outlines the exact amount of miles for the month with a set amount of money to be provided, documentation of distance needs to be in the file one time when the plan is developed. (MapQuest maps work well)

Direct Pay AFPs <u>other than mileage</u> - how and when to pay?

- In the event that a vendor will not accept our AFPs or a SPOTS Visa card, a direct AFP may be issued to a client and payment made prior to the service being rendered if the client cannot afford to pay up-front for the service.
- A direct AFP may be paid prior to service with the client's understanding that a receipt must be provided to the counselor as soon as possible after the service is done.
- If meals are provided for travel per diem, it is required to use the state per diem rates which are found at the DHS travel website.
  http://dhsforms.hr.state.or.us/Forms/Served/DE2404.pdf

SPOTS Cards for Client Purchases

- DHS/OVRS policy
- Lost or missing receipts

DHS/OVRS Policy

Purpose: To define policies and procedures for SPOTS Card for client purchases: Acquisition and use, control of purchases, and payment of the bill.

References/Authority: Oregon Accounting Manual Number 10 03 00.PO
Oregon Accounting Manual Number 10 03 00.PR

Policy: The Office of Vocational Rehabilitation Services shall acquire SPOTS Program credit cards for use by employees to make certain administrative purchases and authorized urgent client purchases. Cardholders will follow the guidelines set forth below. A cardholder's supervisor is responsible for verifying documentation of purchases monthly. OVRS payment unit is responsible for paying the monthly bill.

Attachments: SPOTS Procurement Activity Log (see Forms section)
Application and Agreement Form (see Forms section)

Procedures

Cardholders will follow all guidelines and procedures contained in the Purchase Card Application and Agreement, as well as the agency-specific procedures included below.

Card Issuance

Cost center managers identify employees within their offices to whom SPOTS credit cards will be issued. The identified employees will go to the SPOTS Card training to obtain application and agreement. Application must be signed by the cardholder's supervisor and the designated Approving Manager.

Card Termination

A cardholder who moves to another branch or discontinues employment with OVRS must surrender the card to their supervisor. The supervisor will contact Purchasing (DHS Office of Contracts and Procurement at 503-945-5818) to have the card cancelled.

Card Use

- Field office card limits are set at $5,000 per monthly billing cycle and $1,000 per transaction.
- Central office card limits are set at $5,000 per billing cycle and $2,500 per transaction.

The cards will be used for making certain administrative purchases and authorized urgent client purchases when an AFP cannot be used and in lieu of petty cash. Inappropriate purchases include employee travel, cash advances, and any personal or non-business purchases. Cards must be safeguarded in a reasonable manner. Card limits are modified with approval from Management.

Lost or Misused Cards

When a card becomes lost or stolen the cardholder is responsible to notify Purchasing (DHS Office of Contracts and Procurement at 503-945-5818) **immediately** to avoid liability for unauthorized card use. Liability related to use of a stolen card is limited to $50.00 and is paid by OVRS.

Documentation

A Vendor AFP must be issued in ORCA. When cutting the AFP a drop-down box will appear and the issuer will need to select “Credit Card” as the form of AFP issued. The issuer must be someone other than the cardholder.
Cardholder makes a purchase and staples the credit card transaction slip to the Vendor AFP.
THE CARD IS NEVER GIVEN TO THE CLIENT!

The purchase must be documented as it is made and recorded in a SPOTS Activity Log with paperwork attached, i.e., invoices, receipts, or packing slips and credit card transaction slip.
Once the credit card transaction slip is received the cardholder will then pay the AFP. When the cardholder goes into the AFP payment section, they will notice the box for the credit card transaction number. That number must be entered into this box.

Documentation of purchases must show vendor, amount of purchase, date received and credit card transaction number. Receipt of items or services should be noted in the SPOTS Activity Log. Activity Logs and supporting documentation is maintained by the cardholder and approved monthly by the cardholder's supervisor. The cardholder must fax a copy of the approved Activity Log for the billing period to Administration at 503-378-3318 within 14 days of receipt of the statement from the bank. Fax any pages that show charges included on the current month's billing statement. The cardholder retains the original Activity Log and supporting documentation for 6 years.

Control of Purchases

Once a month the cardholder retrieves an online statement from the bank to reconcile to supporting documentation and to verify all charges. The cardholder is responsible to do this verification. Disputed charges will be investigated by the cardholder. Adjustments must be done by having the vendor issue a credit to the account. **NEVER ACCEPT CASH OR A CHECK FOR A REFUND**. The cardholder's supervisor reviews the statement and supporting documentation monthly, and signs the Activity Log to indicate this control process was performed and that all purchases are appropriate. Business and/or Branch Office managers will spot check accounts on a regular basis.

Payment of the Bill

The Payments Unit receives one billing statement from the bank for all cards. Purchases are initially charged to Office Supplies and Special Pay for client services and adjusted monthly to other object codes when the Payments Unit receives a copy of the Activity Log from Administration. The bill must be paid by the Payments Unit within 14 days of the bank billing date, and will not be delayed by disputed charges.

Card Abuse

Inappropriate or unauthorized purchases may result in loss of the card, personal liability, and/or disciplinary action up to and including dismissal. **PLEASE REMEMBER THE CARDHOLDER MAY NOT ISSUE THE AFP AND MUST PAY THE AFP.**

SPOTS Card Policy on Lost or Missing Receipts

Here are excerpts from policy and rules regarding lost or missing receipts.

“All purchase card statements for my agency will be paid by the Fiscal Office within 14 days of the bank billing date. The memo statement for the card entrusted to me will be sent to me for any necessary processing (as required in agency procedures).” *DHS 0133 8*

“I will keep all required documentation for all purchases made on the purchase card. Once each month (unless otherwise directed by agency policy) when my statement arrives, I will attach the documentation to the statement, and, after reconciling and verifying all charges, will sign and date the statement indicating approval. **If the original charge slip is lost, I will circle the charge on the memo statement, attach a written statement identifying what was purchased, and retain the additional support with the approved statement as required in agency policy.** I understand that a pattern of missing original charge slips may result in the loss of my purchase card privileges.” *DHS 0133 8.a*

“The amount shown as Amount Due is payable in full upon delivery of the billing statement.” *(Back side of Bank Memo Statement)*

“Supervisors will: Establish internal controls to insure appropriateness of purchases, card use, and compliance with all applicable rules and policies. This must include signing the SPOTS log each month to certify purchases are appropriate.” *DHS 020-002 1.0*

The Bank Memo Statement must be reconciled with the SPOTS log on the day of receipt so that it can be sent to the Fiscal Office for payment in order to stay within the 14-day payment policy and rule. If you do not receive the invoice or charge slip in a timely manner, please treat it as if it were lost. If you receive it later, you can attach it to your copy of the log.

Please note that all SPOTS logs and statements are due to the Fiscal Office by the 10th of every month.

Appendix I

How to store records/files for the State Record Center

Order boxes from Office Max. The boxes are not listed in the catalogue, so ask for them by order number P593766 (25/ per bundle, 15x12x10. They come pre- labeled. They must be filled out with a black Sharpie marker.

Arrange files alphabetically in the boxes with the front of the files facing the ‘seamless’ end.

Fill out the “Records Transmittal Request Form” and fax it to the number indicated on the form.

You will be sent two copies of a ‘Records Transmittal Form’ from the Record Center, which includes your Accession number. Sign both copies. You will keep one for your records, and one will be sent to the Record Center with the files.

Record the files in each box in writing. Use the Excel spread sheet titled “RC Record Center Client List” and include: client last name, first name, ID number (SSN is NOT required for identification), the number of files for that client, closure date and whether any files were closed PES. Use a separate spread sheet for each box. Write the box number and the accession number on each page. Print two copies of each page - put one in the corresponding box and retain one with the Records Transmittal Form.

Fill out the ‘label’ on each box, including: Accession number, range of names inside the box (IE: Chr-Don), box number, and total number of boxes (IE: Box 4 of 37), retention schedule number**, destruction date, and series title. (IE: 2003 Closed Client Files.) Write the box number on each box. Boxes can’t weigh more than 35 lbs.

All VR Client files will be retained for 10 years. The **Retention Schedule Series number is: 99-0032/037.

If you need to have your boxes transported to the record center and your business manager cannot arrange to do it, you may call Ken King @ 503-378-3397 x 257 to arrange pick up /delivery. There is a significant charge for the service.

Prior to sending your files, call Mark Graham @ 503-373-1001 and confirm the records center can ‘receive’ the boxes on that date.

Be available on the date of the pickup for any questions.

Submitting a Vendor File Information Sheet through CORE

When making the decision to request any change or addition to the vendor list in ORCA, please search the vendor module prior to making the request to see if the vendor is already there. Choose the “all” selection in the dropdown list to find out if the vendor is there but inactive. When searching for a vendor by TIN, you must put the number 1 before the tax Id number, and don’t use any dashes or spaces. If the vendor is in ORCA, but inactive, check to see if the address is current or if you’re asking for a change.

Log into CORE

Choose the PIM link, then Personal Email

Scroll down through the list till you find Roxanne Wood’s name. Select it and choose Add. (You may add your Branch Manager for future TRIPS claims if desired, and your business manager if you’re copying to them)

Choose Save. You will only have to do this one time.

To begin a new Vendor File Information Sheet:

Choose Forms/Trips from the Navigation menu

Choose New, Payroll Forms, Vendor Form - Field

Enter all information accurately. All fields with asterisks are required. Please do not put any numbers into the “Date Entered” field.

TIP It is possible to change the text in the Form Description field. You may put the name of the vendor into this field and it will show up in your email which makes it MUCH easier to go back to and check up on.

When the form is complete, choose “OK” at the top left.

From the Personal Draft queue, select the form you’re going so submit, then choose Form Action, Sign/Send.

It is not necessary to enter any text into the History Comments, choose Next.

This action will sign your form – which tells us who sent it in when we get the email notification.

In the Send screen, select Roxanne Wood's name for the To field. You may CC your business manager if you like. If there is an error in the entry, the only way for anyone else to see your form in CORE is if you have copied it to them. If you copy yourself, you will have the record of when it's sent.

In the email comments section, enter the name of the vendor you're adding, plus any instructions you'd like for Roxanne to see. If it is a reactivation, please say so. If it's a change of address for an existing vendor, please say so. Include any details that may help with entering the information.

When email message is complete, choose Send.

Forms & Letters

NEW FILE PROCESS CHECKLIST

☐ **FILL OUT FRONT OF FILE** – client name – Last, First, DOB, PID (Participant ID #) application date, Address, *primary* phone number, e-mail address (if available)

☐ **CREATE HANGING FILE FOLDER LABEL** – client name – last, first and VRC caseload number

☐ **CREATE FILE FOLDER LABEL** – client name – Last, First and VRC caseload number on line one. PID and application date on line 2

☐ **WRITE CLIENT NAME ON MEDICAL JACKET and DOB above name.**

☐ **CHECK FOR PREVIOUS CLOSED FILES** ☐ yes ☐ no

IF YES then:

- ☐ **Request closed file** from previous office or obtain from closed files.
- ☐ **Pull medical records** from closed file and put them in the new file.
- ☐ **Do a case note in the closed file** that medical records have been moved.
- ☐ **Do a case note in the new file** stating previous medical records have been brought forward to new file.
- ☐ **Place a "has open" file label** on front of closed file.
- ☐ **Place a "has closed" file label** on front of new open file.
- ☐ **Store closed file** in the "Holding Area" to stay until the current file is closed.

IF YES, but the previous files have been purged (more than 6 years old) on front cover, in "actions taken" section write in red ink "Has previous VR Files (list the years) these files have been purged"

IF No, on front cover, in "actions taken" section write "Has no previous VR Files"

☐ **Perform SSA Benefits data Request** (wqy1, SSN) and print screen *(file this in section 3 left hand side)*

☐ **Perform SSA Benefits Data Verification** (wqy2) and print screen (file this in section 3, left hand side) *this information will not be available for 24 hours after the request has been entered.*

☐ **REQUEST RECORDS** according to Release of Information

☐ **TACK DOWN DOCUMENTATION** - *File according to agency documentation filing guideline*

☐ **RETURN FILE TO VRC**

FILE CLOSURE PROCESS CHECKLIST

☐ **<u>PRIOR TO ACTUAL FILE CLOSURE</u> make sure that <u>ALL NEEDED AFP'S HAVE BEEN ISSUED</u> (medical requests etc.) if file was closed prior to HSA receiving file do not check this box.**

☐ Check for **PREVIOUS CLOSED FILE** ☐ Yes ☐ No
If yes check if file is in the holding area ☐ Yes ☐ No.
If yes pull file(s) and attach to most recent closure.
If No research if previous closed file is in another VR office ☐ Yes ☐ No
If Yes request file from that office. Requested on_________________
If No, request closed file from record center. Requested on ________

When all available closed files have been located and received, attach them to most recent closure. *<u>Do not store the closed file until all available previous files are received.</u>*

☐ Put **CLOSURE DATE IN ON FRONT** of File
☐ Put **"CLOSED** mm/yy" in **RED** on file tab
☐ **PULL ALL PAPER CLIPS AND BINDER CLIPS FROM THE FILE**
☐ **PULL ALL STICKIES AND FLAGS** from front of file as well as any that are hanging out of the file.
☐ **CHECK THAT ALL AFP'S ARE IN THE FILE** in reverse numerical order. View or Print AFP register to determine which AFP's are not in the file. *(Only Void and Group AFP's are exempt)*
If an AFP was for a service that required a report be sure the corresponding report is in the file (first section right hand side)
Are there any "open" AFP's ☐ Yes ☐ No **If yes** contact vendor to determine if they will be billing and if so request an invoice.
Do not file closed file(s) until all AFP's are paid, closed, or cancelled.
☐ Has the SSA Benefits been requested and printed for file ☐ yes ☐ no **If no** use the DHS main frame (Button 4 or wqyl,ssn) to make the request and print screen
☐ Has the SSA Benefits been requested (this is available 24 hrs after the request is made) ☐ yes ☐ no **If no** go to DHS Mainframe and (Button 1 or wqy2,ssn) and print screen.
☐ Check for **LOOSE FILING** and file in the appropriate section.

STORE CLOSED FILE BY CLOSURE YEAR (If PES be sure to go by the PES closure date and not the previous closure date on file, then store in closed filing cabinet

{Current Date}

{Vendor Name}
{Vendor Mailing Address}

Dear New Vendor:

Thank you for becoming a Vendor for the Office of Vocational Rehabilitation (OVRS). You will soon be receiving some forms from Department of Administrative Services requesting information needed in order to make payments to you. Please complete them and return them as soon as possible. We would like to request that you fill out and submit the Direct Deposit Authorization form. Opting for direct deposit will assure that you get payment sooner than receiving a paper check in the mail.

As a vendor for OVRS, your responsibilities are listed below:

1. Provide services to consumers only after you receive the Authorization for Purchase (AFP) from OVRS, which is the written agreement between you and OVRS. Oregon Administrative Rule (OAR 582-075-0010), states: "(1) The Office of Vocational Rehabilitation Services (OVRS) does not have the authority to reimburse vendors for the cost of goods and services if OVRS has not authorized payment prior to the provision of goods and services. OVRS shall reject all charges without such prior authorization."
2. Contact the counselor if you discover that the services are going to exceed the amount or the time limit on the AFP prior to providing additional services. The counselor must determine if the services are appropriate and will provide you with a new AFP to cover additional services if warranted.

Once the service(s) has been completed, present an invoice within 30 days of service, with the following information included on the invoice:

- Client Name
- Date of Service(s)
- Service provided
- Invoice/ ID
- OVRS AFP number
- Itemized cost of service

If the information is not available on the invoice, the invoice will be returned to you, delaying payment. Please keep the original AFP for your records.

Sincerely,

Office of Vocational Rehabilitation Services

{Vendor Name}
Attention: {Contact Person}
{Vendor Mailing Address}

Re: Reminder of Payment Policy

Dear {Contact Person}:

The Office of Vocational Rehabilitation Services (OVRS) has recently been reviewing its standard practices, and wanted to take this opportunity to remind our community partners of those practices.

OVRS has been delegated authority by the Department of Administrative Services (DAS) to authorize services to vendors for OVRS clients using the Authorization for Purchase (AFP) system. Oregon Administrative Rule (OAR 582-075-0010), states: "(1) The Office of Vocational Rehabilitation Services (OVRS) does not have the authority to reimburse vendors for the cost of goods and services if OVRS has not authorized payment prior to the provision of goods and services. OVRS shall reject all charges without such prior authorization."

If OVRS does not follow this policy, it is possible for DAS to rescind its delegation and require all services, purchased by OVRS to go through the contracting process. This would severely hinder our ability to provide services and delay payment.

This policy has been in place for some time, and it is our expectation that services will not be provided to our clients without written prior authorization in the form of an Authorization for Purchase (AFP). Services provided without an AFP will not be paid for by OVRS.

If you have any questions regarding this policy or any other, please call the local OVRS office for clarification.

Administrative Office of Vocational Rehabilitation Services

{Current Date}

{Vendor Name}
Attention: {Contact Person}
{Vendor Mailing Address}

Dear {Contact Person}:

Because we did not receive all of the required information on your invoice, we are unable to pay at this time.

The missing/incorrect information is:

- ☐ **Business name and address**
- ☐ **Client name**
- ☐ **Date of service(s)**
- ☐ **Itemized list of service(s)/goods provided**
- ☐ **Cost of service(s) provided**
- ☐ **Other** ____
____

Please submit a corrected invoice for payment.

Thank you for your assistance in this matter.

Sincerely,

Office of Vocational Rehabilitation Services