Fee Schedule
Service Codes
&
Vendor Codes

State of Rhode Island

Department of Human Services

Office of Rehabilitation Services

October 2001 **Last Revision –7/30/2010**

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Revisions

11/3/09 – Matrix – Pages 3-9; Vision Services – Page 45 – Low Vision Services removed; Driving Evals – Page 29 – changes to VNS fee and Adaptive Driving Program fee; People in Partnership – Page 22 – changes in fees; TechACCESS – Page 27 – changes in fees; Child Care Services – Pages 34-35 – fees; Goodwill Industries – Appendix C – flowcharts; Certified Training Programs added – Appendix D.

INTRODUCTION

The intended use of this manual is to identify services that will be necessary to assist individuals to reach their employment goals. All services and vendors are not listed in the fee schedule. See the ORS Vendor/Service Code Manual – which includes a comprehensive list of Service Codes and Vendors.

The Fee Schedule should never be used in place of the ORS Policy Manual. The Policy Manual should be reviewed prior to authorization for clarification and specific guidelines for given services.

Use of Fee Schedule

Once the needed service is identified, you will find the service code in parenthesis along with the fee-for-service. General descriptors of the service, sequence of payments and requirements for reports are also addressed in sections describing frequently used rehabilitation services.

Systems Application

In addition to the hard copy and alternate formats, the fee schedule is located in the Public File directory in the folder named "ORS FEE SCHEDULE".

As stated above, vendors that are not listed in the fee schedule can be located using "option 18" (Vendor Lookup by Service Code) on the "Client Ready Menu" of the M.I.S system.
When using "option 18" you will be prompted to enter a service code. When the service code is entered, a "drop-down" window will appear, listing all vendors used for that particular service code. If a vendor is not used for three years, that vendor will automatically "retire" from the M.I.S system.

Revised 11/2009

VOCATIONAL PREPARATION AND SUPPORT SERVICES

Community Rehabilitation Program Overview

The Vocational Rehabilitation Program is designed to access, plan, develop, and provide vocational services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choices, so that such individuals may prepare for and engage in gainful employment.

The Office of Rehabilitation Services currently purchases services from over 40 organizations called Community Rehabilitation Programs (CRP) enabling varied choices throughout the rehabilitation process. Services typically begin with evaluation and assessment and end with employment. Our community-based partners are largely nonprofit organizations whose focus and specialization may be in one or more area of disability. The barriers to employment that are addressed by our providers include physical disabilities, mental health, developmental disabilities, blind and visually impaired, deaf and hard of hearing, head injuries, and learning disabilities.

CRP providers are an integral component of service-delivery, bridging the gap between vocational rehabilitation and employment for individuals receiving vocational rehabilitation counseling through the Office of Rehabilitation Services.

CRP providers and ORS share a common mission – a focus on client-centered planning to empower individuals with disabilities to make choices that will facilitate employment and independence.

MATRIX OF APPROVED PROVIDERS OF VOCATIONAL REHABILITATION SERVICES

Included: Name of provider; disability population served; key for type of approved service(s). Please review specific pages in Fee Schedule for complete information. A comprehensive list of vendors with necessary identifying information follows Matrix.

KEY: VE = Vocational Evaluation TLJC = Time-Limited Job Coaching SKT = Skills Training
IPP = Individual Pre-placement Assessment WA = Work Adjustment
SE = Supported Employment Services (array) JDP = Job Development/Placement (Non SE)

VENDORS	Vocational Evaluation	IPP	SE	JDP	WA	TLJC	SKT
Developmental Disabilities							
Adeline LaPlante Memorial Center	X	X	X	X	X	X	
ARC of Northern RI	X	X	X		X	X	
The ARC of Blackstone Valley	X	X	X		X	X	
Cranston ARC	X	X	X		X	X	
Avatar, Inc.			X			X	
Bridges, Inc.		X	X				
Community Connections, Inc., Massachusetts		X	X			X	
Community Living of Rhode Island		X	X				
Coves Center (Groden Center)		X	X			X	
Gateways to Change	X	X	X	X		X	
Goodwill Industries of RI	X	X	X	X		X	X
John E. Fogarty Center (Providence Chapter RIARC)	X	X	X		X	X	
James L. Maher Center	X	X	X		X	X	
L.I.F.E., Inc.	X	X	X			X	
Napatree (Olean Center)	X	X	X		X	X	
Looking Upwards, Inc.	X	X	X	X	X	X	
Ocean State Community Resources		X	X			X	
Opportunities Unlimited			X				
Perspectives, Inc.	X	X	X	X		X	
Pro-Ability			X				
Re-Focus, Inc.		X	X	X		X	
Spurwink RI	X	X	X	X			
Training Thru Placement	X	X	X		X		
Trudeau Center (Kent County RIARC)	X	X	X		X	X	
West Bay Residential Services, Inc.		X	X	X		X	
Work Opportunities Unlimited		X	X	X		X	

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VENDORS	VE	IPP	SE	JDP	WA	TLJC	SKT
Mental Health							
Gateway Healthcare of Pawtucket		X	X	X		X	
East Bay Mental Health	X	X	X	X		X	
Kent Center		X	X	X		X	
Gateway Healthcare	X	X	X			X	
Newport County Community Mental Health Center		X	X			X	
NRI Community Services Inc.	X	X	X			X	
Providence Center		X	X			X	
Riverwood Mental Health Services		X	X			X	
South Shore Mental Health Center	X	X	X	X		X	
Goodwill Industries of RI	X	X	X	X		X	X

Youth Transition Services – See Special Services							
East Bay Transition Center							
Northern RI Transition Center							
Providence Transition Center							
Southern RI Transition Center							
West Bay Transition Center							

Head Injury							
Sargent Rehabilitation Center	X	X		X		X	
Goodwill Industries of RI (see "Re-Entry" Program)							

Visually Impaired							
In-Sight	X						X
Carroll Center for the Blind		X		X		X	
Deaf and Hard of Hearing							
Corliss Institute		X	X			X	
Goodwill Industries of Rhode Island	X	X	X	X		X	X

Revised 2/2007

VENDORS	VE	IPP	SE	JDP	WA	TLJC	SKT
Skill Training							
People in Partnerships						**X**	**X**
Special Services – See Fee Schedule							
Career Connections				**X**		**X**	
Tech Access							
PARI							
Shake-A-Leg							

***Vendors are categorized by their primary disability services and are not limited in these areas. They may offer services to other disability groups.**

CRP VENDOR CONTACT LIST

VENDOR	*ADDRESS*	*PHONE**	*FAX*	*CONTACT PERSON*
Adeline LaPlante Memorial Center	P.O. Box 56 Peacedale, RI 02883	789-3081	782-8481	Lynn McGee Almc3081@aol.com
AVATAR, Inc.	33 College Hill Road, Bldg. 33 Warwick, RI 02886	826-7500	826-7503	Elizabeth Truskoski etruskowski@avatarresidential.com
The ARC of Blackstone Valley	Independence Square 500 Prospect Street Pawtucket, RI 02860	724-7260	N/A	Katherine Hunt khunt@bvcriarc.org
Bridges, Inc.	P.O. Box 263 Jamestown, RI 02835	423-1153	423-3879	Darlene Faust dfaust@bridgesinc.com
Carroll Center for the Blind	770 Centre Street Newton, MA 02458	617-969-6200	617-969-6204	Rabih Dow Rabih.dow@carroll.org
Community Connections Inc.	125 Hartwell St. #1 Fall River, MA 02721	508-678-1210	508-678-1998	Maria Miranda mmiranda@commconnection.org
Community Living of RI	349 Centerville Rd., Bldg.6 Warwick, RI 02886	739-9006	739-6009	Robert Sasseville Robert@communitylivingri.com
Corliss Institute	292 Main Street Warren, RI 02885	245-3609 245-2223 TTY	245-9565	Mary Ellen Baxter-Breen meb@corliss.org
Cove Center Inc.	610 Manton Avenue Providence, RI 02909	751-0459	751-2260	Michael Smith msmith@covecenter.org
Cranston ARC	PO Box 20130 Cranston, RI 02921	942-3445	943-8723	Thomas Kane tkane@cranstonarc.org Rory Carmody rcarmody@cranstonarc.org
East Bay Educational Collaborative	317 Market Street Warren, RI 02885	245-2045	245-9332	Carolyn Aspinwall aspinwac@ride.ri.net
East Bay Mental Health Ctr.	2 Old County Road Barrington, RI 02806	246-1195	246-1985	Martin Dubuc mdubuc@eastbay.org
East Providence Senior Center	610 Waterman Avenue East Providence, RI 02914	435-7870		Maureen Boaris
Gateways to Change	11 Knight Street Warwick, RI 02886	463-0000	463-0010	Catherine McGillvary gtcdreams@aol.com

*** For vendors without a TTY line, please use RI Relay at 711.** **Revised 5/2010**

CRP VENDOR CONTACT LIST (cont'd)

VENDOR	*ADDRESS*	*PHONE*	*FAX*	*CONTACT PERSON*
Gateway Healthcare of Pawtucket	101 Bacon Street Pawtucket, RI 02860	722-3560	724-3120	Michael Braet mbraet@gatewayhealth.org
Gateway Healthcare	1447 Hartford Avenue Johnston, RI 02919	273-8100	861-8696	Toni Quinn Tquinn@gatewayhealthcare.org
Goodwill Industries of RI	100 Houghton Street Providence, RI 02904	861-2080	454-0889	Lori Norris lnorris@goodwillri.org Christine Yankee cyankee@goodwillri.org
In-Sight	43 Jefferson Boulevard Warwick, RI 02888	941-3322	941-3356	John Gunn jgunn@in-sight.org
John E. Fogarty Center	220 Woonasquatucket Ave. North Providence, RI 02911	353-7000	353-0320	Catherine Salerno csalerno@yahoo.com
Kent Center	50 Health Lane Warwick, RI 02886	738-4300	738-7718	Susan Medeiros David Lauterbach (732-5656) dlauterbach@thekentcenter.org
L.I.F.E., Inc.	P.O. Box 449 Tiverton, RI 02878	254-2910	254-2912	Mary Ann Wiedenhofer MaryAnnW@lifeincri.org
Looking Upwards Inc.	Irongate II, 438 East Main Rd., P.O. Box 4289 Middletown, RI 02842	847-0960	849-0290	Priscilla Thayer psthayer@looking upwards.org Valory McHugh vmchugh@lookingupwards.org
James L. Maher Center	P.O. Box 4390 Middletown, RI 02842	846-4600	849-4267	Brenda Dupont brendad@mahercenter.org
Napatree	101 Airport Road Westerly, RI 02891	596-2091 x122	315-0201	Tammy DaSilva tdasilva@oleancenter.org Cheryl Ann Ring
Newport County Community Mental Health Center	127 Johnnycake Hill Road Middletown, RI 02842	846-1213	848-9151	F.L. Paranzino flparanzino@nccmhc.org
Northern RI Community Services Inc.	P.O. Box 1700 Woonsocket, RI 02895	235-7000	767-9177	Judy Bolzani dplyer@nricommunityservices.org
Northern RI Collaborative	640 George Washington Hwy. Suite 200 Lincoln, RI 02895	721-0709	658-4012	Jane Slade
OSCIL	1944 Warwick Avenue Warwick, RI 02889	738-1013	738-1083	Lorna Ricci lricci@oscil.org

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CRP VENDOR CONTACT LIST (cont'd)

VENDOR	*ADDRESS*	*PHONE*	*FAX*	*CONTACT PERSON*
Ocean State Community Resources	310 Maple Avenue, Ste 102 Barrington, RI 02806	245-7900	245-7910	David Reiss dreiss@oscr.org
Opportunities Unlimited (for People with Differing Abilities)	1 Worthington Road Cranston, RI	942-9044		Ray Conca rconca@opunlim.com
PARI Independent Living Center	500 Prospect Street Pawtucket, RI 02860	725-1966	725-2104	Sue Bilodeau sbilode@pari-ilc.org
People In Partnerships	200 Main Street, Suite 230 Pawtucket, RI 02860	727-8002	727-8411	Keith McNiel keithmcneilpip@aol.com
Perspectives Corp.	1130 Ten Rod Road North Kingstown, RI 02852	294-3990	294-9879	M Wilson mwilson@perspectivescorporation.com
Pro-Ability	333 George Washington Highway Smithfield, RI 02917	233-1634	233-1674	Larry Farley, Day & Empl Coord. lfarley@proability.org M. Reilly mreilly@arcnbc.org
ProMail	528 North Main Street Providence, RI 02903	784-6363		Jill Tavares
Providence Educational Collaborative (West Bay)	797 Westminster Street Providence, RI 02903	456-9330	453-8699	Karen Vessella Karen.vessella@ppsd.org
Providence Center	530 North Main Street Providence, RI 02904	276-4120	276-4034	Dennis Gonsalves dgonsalves@provctr.org
ReFocus, Inc.	1228 Westminster Street Providence, RI 02909	272-1600	751-1378	Marie Capobianco marie@re-focusinc.org
Riverwood Rehabilitation Services	25 Railroad Avenue Warren, RI 02885	247-0173	247-0177	Danielle Gillett mttwarren@riverwoodmhs.org
Sargent Rehabilitation Center	800 Quaker Lane Warwick, RI 02818	886-6600	886-6632	Colleen McCarthy administration@sargentcenter.org
Sensational Child c/o Adeline LaPlante Ctr.	40 Charles Street, Unit K Wakefield, RI 02879	799-8661		Kim Picard
Shake-A-Leg, Inc.	P.O. Box 1264 Newport, RI 02840	849-8898	848-9072	Timothy Flynn timf@shakealeg.org
South Shore Mental Health Center	P.O. Box 899, Old Post Rd., Rt. 1A Charlestown, RI 02813	789-1367	364-3310	Melissa Boss mb1065@ssmhc.org
Southern RI Educational Collaborative	646 Camp Avenue North Kingston, RI 02852	295-2888	295-3232	Joe Walejko

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CRP VENDOR CONTACT LIST (cont'd)

VENDOR	*ADDRESS*	*PHONE*	*FAX*	*CONTACT PERSON*
Spurwink RI	One Spurwink Place Cranston, RI 02910	781-4380	781-4396	Mary Anne Maciel mmaciel@spurwinkri.org
TechACCESS	110 Jefferson Blvd., Suite I Warwick, RI 02888	463-0202	463-3433	Judi Carlson techaccess@techaccess-ri.org
The Homestead Group	68 Cumberland Street Suite 200 Woonsocket, RI 02895	597-6787, x111	765-1124	Charlotte Higham chigham@sevenhills-thgri.org
Training Thru Placement	20 Marblehead Avenue North Providence, RI 02904	353-0220	353-8126	Jack Haughey jack@ttp.necoxmail.com
Trudeau Memorial Center **(Kent County RIARC)**	3445 Post Road Warwick, RI 02886	739-2700 ext. 205	737-8907	Gayle Reid greid@trudeaucenter.org
West Bay Educational Collaborative	144 Bignall Street Warwick, RI 02888	941-8353	941-8535	Therese Curran curranwbc@aol.com
West Bay Residential Services	158 Knight Street Warwick, RI 02886	738-9300	738-2787	Penelope Merris pmerris@westbayri.org
Work Opportunities Unlimited, Inc.	2374 Post Road Warwick, RI 02886	521-4600	521-5111	Tiffney Bergeron tbergeron@workopportunities.net

Revised 3/2010

EMPLOYMENT SERVICES
(Non-Supported)

Key Components

- The job is individually and specifically developed in accordance with the individual's strengths, abilities, preferences and service needs.
- The counselor uses his/her judgement whether to purchase this service for an individual and has determined that the individual is not able to secure employment on his/her own with the assistance of job placement services at no charge (e.g. ORS, netWORKri)
- The counselor uses this service for individuals who will benefit from other employment preparation services including resume writing and interviewing skills
- Employment services are available for those individuals capable of a self-initiated job search

Employment Services (SEE FLOW CHART)

- Vocational Evaluation (3010) – twenty days at $50 per day $1,000
- Individual Pre-Placement Assessment (3011) – up to four-weeks $400
- Situational Assessment (3038) - $75 per day
- Job Development (611F) - $200
- Job Placement (612F) - $800
- Job Retention (614F) - $800
- Job Coaching – Time Limited (Non SE) (6116) - $25 per hour
- Short-term Skills Training (6011) fees vary according to program, see fee schedule for more information
- Work Try Out (3529) – 200% of prevailing wages up to 3 weeks.
- Work Readiness – See Employment Services (Page 11)
- Internships (6136)

Employment Service Descriptors:

Vocational Evaluation is requested by the counselor and individual to answer specific referral questions related to vocational functioning. The Vocational Evaluation Plan includes a situational assessment in the community unless the individual situation precludes this.
The Vocational Evaluation process is completed with a report which describes the assessment methods, responds to referral questions including strengths and limitations. The report should also include planning services to reach vocational goal(s) and recommendations for vocational occupations to further explore.

Individual Pre-Placement Assessment is used to provide the means for evaluating an individual's vocational potential including the need for short and/or long-term supports. This assessment may be utilized during the eligibility determination period (pre status 12) and for situational assessments for an individual who may not enter supported employment services. The IPP can or may include assessment of the individual's interests; prior assessment data if available, e.g. vocational evaluation, social profile or school reports; family consultation and desires; assistive technology; available extended support provider(s) and/or natural supports; and individual functioning in actual work situations. The time parameter for this service is approximately four weeks.

EMPLOYMENT SERVICES (CONT'D)

Situational Assessment: This is a Community-based Assessment used to provide vocational experiences in order to assist an individual with vocational exploration. It also provides information on job duties, job performance, and job behavior.

Job Development: Payment is made after the individual has been seen for an initial interview, and the provider has agreed to work with that individual to secure employment related to the vocational goal that the ORS counselor and individual agreed to. A statement of agreement signed by the individual and the provider will provide documentation. A resume, and interviewing skills training, should be included in the agreement as part of the authorization. (See Appendix E)

Job Placement occurs when a job match has been found by the vendor that is consistent with the IPE Goal. The job must be secured and a starting date agreed upon. An initial bill and report from the vendor is required before the first payment is made. The report should include name and address of the employer, number of hours, salary, and benefits. It should also include the date and summary of all activities which have assisted consumer in finding this job, as well as a detailed summary of the necessary short-term supports and accommodations, which will be needed to help maintain this job.

Job Retention to support employed individuals on the job for seventy-five days. A written report is required outlining what services were provided during this period to help the individual maintain the job, and any wage increases that may have occurred since initial hire. A minimum of two contacts per month with customer or employer is necessary to receive this part of the payment. Case closure is expected upon receipt of this report. (See Appendix E)

Work Readiness is a 4 week pre-employment service that is intended to prepare ORS clients for a job. It is intended to address interviewing, resume/work history issues, work habits and work relationships. During this time, an authorization for a transportation assessment and transportation training can be incorporated as well. After the 4 weeks, it is anticipated that the ORS client will have an opportunity to practice skills through a stipend paid job that is related to his/her interests through an Externship/work experience (length: 10 days). A job may result from this externship (see Appendix E for procedures). If a job does not result, the client could receive Job Development/Job Placement Services from an agreed upon vendor. After Job Placement occurs, if Rehabilitation Counselor and client agree and ORS Supervisor approves Retention Services, Job Retention will be authorized. (If client does not want or need retention, the service will not be authorized.

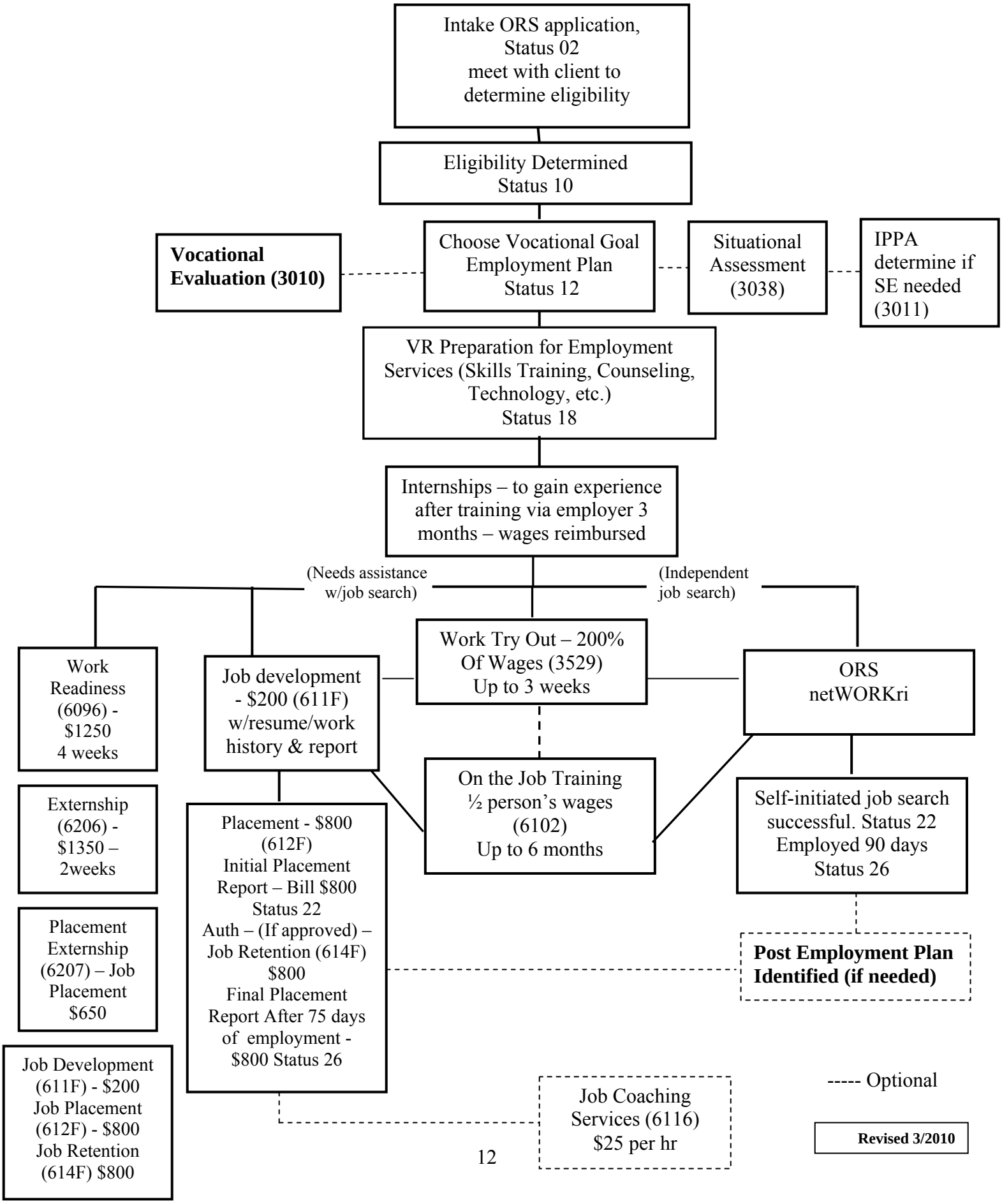
Time Limited Job Coaching: This is a support service for individuals who may be able to find employment, but for some disability related reason cannot maintain employment. The individual may need job coaching supports for more than the initial orientation to a job, but does not qualify for the traditional developmental or mental illness long-term supported employment services. This support may typically be provided for three months, but no longer than six months. In some limited circumstances, counselors may also authorize this service to supplement a situational assessment in the community. These circumstances are for individuals who the ORS counselor feels that a complete assessment would not be possible without additional supports.

Work Try Out: This is a service whereby an individual who has chosen a vocational occupation, and has the skills needed to do the job, but lacks the experience to get a job is given the opportunity to demonstrate their abilities and skills while being paid by the employer whom ORS is reimbursing. ORS reimburses a company 200% of the potential employee's prevailing wage. The employer is responsible for supervising and evaluating the individual's job performance at no cost to them. The duration of this service is for a period of one to three weeks. There is an expectation, but not an obligation for the employer to hire the individual.

Internships: Internships offer individuals a chance to gain work experience in their chosen field of employment. Under an internship, an employer agrees to hire an individual for an agreed-upon period of time and pay wages of at least the minimum wage. The employer is not required or expected to offer permanent employment at the conclusion of the internship. ORS may cover a portion, or up to all of the costs incurred by an employer related to sponsoring the internship.

Revised 5/26/10

EMPLOYMENT SERVICES (CONT'D)



SUPPORTED EMPLOYMENT
(PLACE/TRAIN)

Key Components:

- Supported employment (SE) assists individuals with the most significant disabilities, who have been unsuccessful with traditional employment strategies and need ongoing supports, to choose, find and keep employment.
- SE is competitive employment (minimum or commensurate wages).
- Work must be in an integrated setting (person works and/or interacts among non-disabled population). Training occurs after placement.
- ORS provides intensive ongoing supports for a time-limited period (not to exceed 18 months). Long-term ongoing supports are provided through other funding sources.

Supported Employment Services (array) (SEE FLOW CHART):

- **Tier I** – Assessment (3526) - $1,000
- **Tier II** – Placement (6600) - $2,000
- **Tier III** – Retention (9604) - $3,500 = 20 hrs or less or $4,500 = 21 hrs or more (at prevailing wage)
- **Transportation** if needed (7777)

Supported Employment Service Descriptors:

Pre-Employment Planning/Assessment – During this 1st Tier phase, an assessment to determine an appropriate job match has occurred. In addition to medical, psychological diagnosis, SSI & SSDI documentation, evaluation and assessment is provided in the Individualized Pre-Placement Assessment (IPPA), along with any additional assessment information (ie. CareerScope, TABE, etc.). **Tier I activity**

The Job Placement Service occurs at the place of employment the individual will retain. The vendor will provide a work site evaluation which includes a discrepancy analysis related to the job and the individual's needs. **Tier II activity**

The On-Site Evaluation is an evaluation at the work site of the job that the individual will retain. The report will provide information about the need and type of ongoing supports to be added to the Employment Plan. Duration of this service is typically four weeks, but can be extended with an appropriate rationale. **Tier II activity**

Retention: Employment-Related Training Support that focus on the needs of the client as they progress on the job towards hourly work goals, towards fading supports and on work support requirements on and off the job site. Training should lead to stabilization in the chosen job. Monthly reports to update client's progress are required. **Tier III activity**

Transportation is utilized if not otherwise funded by another agency.

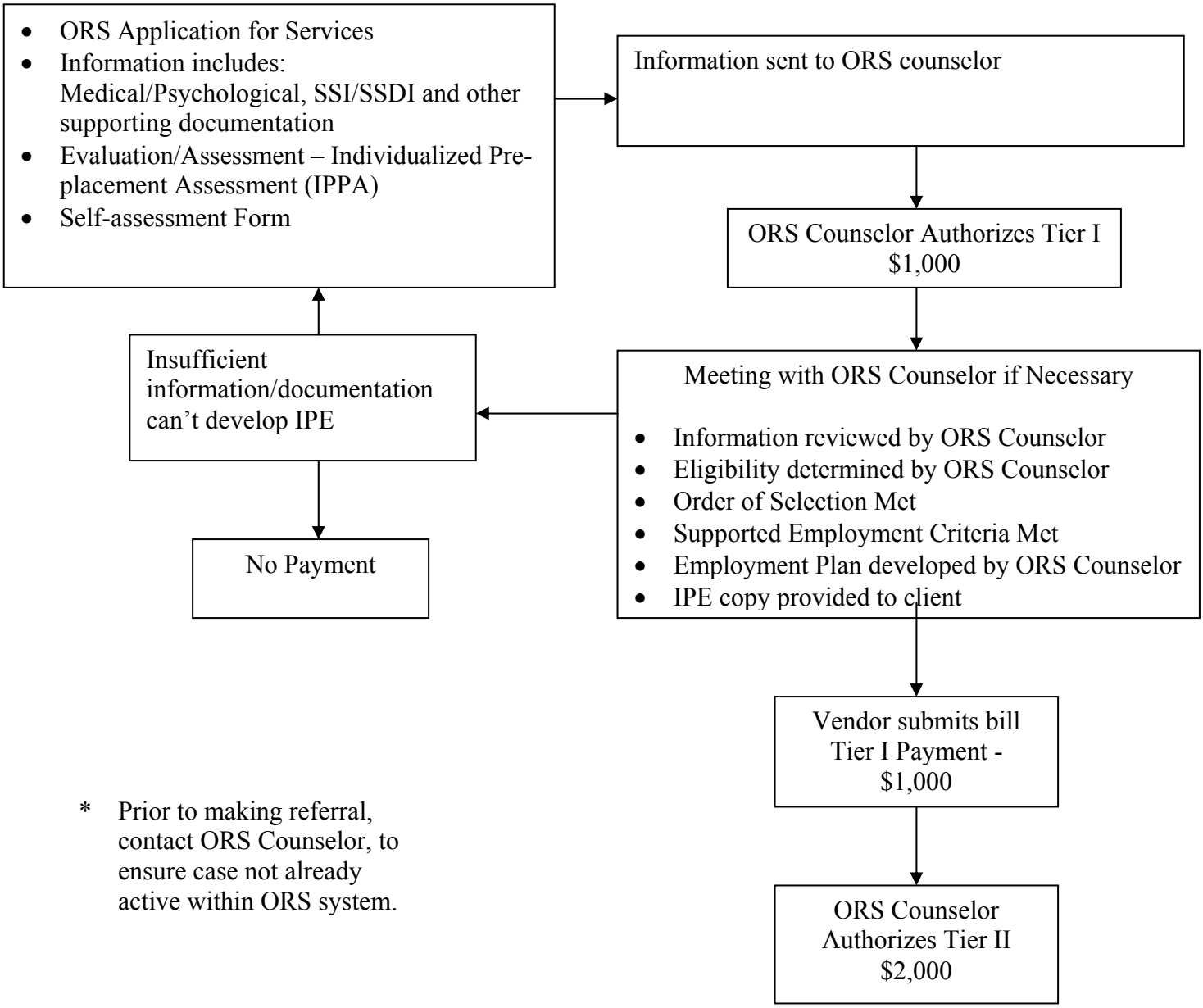
Long-Term Support is a key component of supported employment and is determined at the initiation of SE services. Funding for long-term supports is often provided through MHRH-Division of Developmental Disabilities and Division of Behaviorial Health. Natural un-funded long-term supports may also be arranged to support the employee.

Revised 3/15/2010

Supported Employment

Pre-Employment Planning
Service Code: 3526

***DD/MH Vendor Provides**



* Prior to making referral, contact ORS Counselor, to ensure case not already active within ORS system.

Effective 7/1/08

Supported Employment
The Tier System

Job Placement/Training
Service Code: 6600

DD/MH Vendor Provides

Job Obtained/Training Plan Identified

- *Start date, pay, hours/week, Employer, Job Title
- Task Analysis
- Discrepancy Analysis
- ID Strengths/Limitations
- ID Short and Long-term supports

REPORT

↓

Vendor submits bill (with report)

Tier II Payment - $2,000

↓

ORS Counselor Authorizes Tier III

* Start date
Information can be sent via telephone, email,
or traditional mail.
Eff. 7/1/08

Supported Employment
The Tier System

Job Retention
Service Code: 9604

DD/MH Vendor Provides

WORK RELATED REPORT WITH MONTHLY UPDATES
*(Use Monthly Checklist)

Long-Term Supports Identified which will be provided to keep the individual employed**.**

Identify opportunities for career advancement

↓

Individual employed 90 days from job start date

↓

Vendor submits bill, third monthly checklist, Payment III made, case closed

20 hours or less (prevailing wage)	=	$3,500
21 hours or more to full-time (prevailing wage)	=	$4,500

- First report due 1 month from client's start date.

Eff. 7/1/08

WORK ADJUSTMENT SERVICES

Work Adjustment Services (6105) are transitional, time-limited systematic training services which assist individuals toward their optimal level of vocational development. These services use real or simulated work to assist individuals to understand the meaning, value and demands of work; to learn or re-establish skills, attitudes, personal characteristics, and work behaviors, and to develop functional capacities. **Work Adjustment Services** may require environmental accommodations.

Work Adjustment Services are prescribed after Vocational Evaluation for individuals who require these services to reach community-integrated job placement goals including Supported Employment. Specific **Work Adjustment Services** are recommended and planned with anticipated time frames. **Work Adjustment Services** may incorporate a daily job coach provision to assist the individual toward community-integrated job placement. A review of services is completed at each 40 day of funding.

Each period of **Work Adjustment Services** is authorized for 40 days. The expected maximum time a person receives their services is 120 days. The outcome is community integrated job placement, including Supported Employment Services.

Work Adjustment Services which are required for adjustment to a facility-based extended sheltered employment outcome are funded only for 40 days. These cases, closed in Sheltered Employment, would be reviewed annually for assessment of the client's ability to work toward community-integrated placement.

Time-Limited Job Coaching within a work adjustment program would be authorized either in combination with facility-based **Work Adjustment Services** or as the final service provision in a competitive community job site. The anticipated parameter of Time-Limited Job Coach services is 40 days.

NOTE: In those cases where it is appropriate to utilize Time-Limited Job Coaching for situational experiences and assessment while someone is receiving **Work Adjustment Services**, the authorization for each day a job coach is used is $50.00. **This is not added to the other work adjustment fee for that day, but is considered full payment for that day of services.**

Work Adjustment Authorizations (6105) are made for 40-day periods. These services typically occur at the RIArc's.

$10.00 per day for 40 days…$400
Up to 120 days…$1,200

$50.00 per day for Time-Limited Job Coaching, up to 40 days…$2,000

HEAD INJURY SERVICES

Sargent Rehabilitation Center- Head Injury Program
800 Quaker Lane
Warwick, RI, 02818
Telephone: (401) 886-6600

** Prior to starting a vocational evaluation, Sargent's Center staff will conduct a thorough assessment of the individual's medical rehabilitation needs, and utilize that person's medical coverage to provide any medical rehabilitation therapy (Speech, OT, PT, Counseling, etc.) that the person may need in order to benefit fully from a vocational evaluation. Should that person not have sufficient medical coverage for the medical rehabilitation therapy, and plans to have a vocational evaluation, Sargent's Center staff will request that ORS fund the needed service. Sargent's Center will provide medical documentation as to what the recommended service may be, length of time needed, and why completion of the therapy would then allow the individual to benefit from a vocational evaluation. ORS counselors would need to review this information with the ORS Medical Consultant prior to authorizing any therapy services.
Services provided by Sargent Center for individuals with head injuries (HI) or traumatic brain injuries (TBI) will be focused on vocational rehabilitation and functions related to employment. All reporting will reflect the vocational emphasis.

Vocational Evaluation/Sargent (3017) – Authorize up to 10 days at $200 per day. Evaluation services include:

- Answers to specific referral questions related to vocational functioning
- Community-based assessment consisting of a thorough work readiness skills analysis
- Functional assessment, which relates to employment functioning
- Assessment of social interaction with emphasis on vocational functioning and work history
- Benefits and transportation assessments
- Neuropsychological assessment
- Cognitive rehabilitation and learning style assessments
- Rehabilitation technology needs (may refer for outside assessment)

Report and Conference:
The report will synthesize the evaluations and provide recommendations related to vocational development services. The report includes Sargent's Individual Rehabilitation Plan, a preliminary employment goal and job analysis; response to referral questions; client strengths and limitations as related to employment; and planning services needed to reach vocational goal(s).

The Community-based assessment will include a detailed report from the vocational evaluator who will be at the designated worksite with the client during the evaluation period. The purpose of the evaluation is to assess work-based skills, including any accommodation needs such as transportation.

A conference meeting will be scheduled by Sargent staff with the goal to interpret the results of the evaluation activities to the individual, family, and ORS counselor, and to recommend vocational goal(s) and services needed to achieve successful job placement outcomes.

- **On occasion where a client has not been able to identify an appropriate occupational goal, an additional five (5) days for Community-based career exploration may be authorized at the discretion of the ORS Counselor utilizing the current Vocational Evaluation daily fee rate.**

Work Preparation/Sargent (6030) – Authorize $8,000
Work Prep allows an array of services through one service code thus streamlining both authorization and reporting system. Work Prep services occur after an Employment Plan is developed. Services are reimbursed at key outcome points that prepare an individual for employment.

Rehabilitation services (PT, OT, Speech, etc) which will support the vocational plan and goal, may also continue during each step of Work Prep Services, and would need to be authorized at the discretion of the ORS Vocational Rehabilitation Counselor.

Work Prep services include: Job Readiness Skills Training, Career Exploration, Community Work Experiences, Vocational Case Management (as needed), Job Development, Job Placement and Retention. During the Community Work Experience, the person will shadow, gain exposure, and try all aspects of the person's chosen vocation. Supports will be provided at the work site. If services are interrupted at any point in this process, Sargent Center staff will notify ORS counselor to determine if continuation is warranted or not.

1) **Initial Work Preparation** is the first point of reimbursement. In this job seeking training stage, it is expected that the person will have received instruction on resume writing and that a copy of the person's resume will be sent to their individual vocational rehabilitation counselor; that the person will learn job searching skills and techniques, including use of the Internet to find job openings; that the person will have been taught job interview skills; that the person will know how to complete a job application appropriately, and that there is a plan to start a community work experience. This first reimbursement is for no longer than 20 days.

2) **Community Work Experience** is the second point of reimbursement. During a CWE, the person will shadow, gain exposure, and try all aspects of the person's chosen vocation. Sargent Center staff eases the transition in the new work environment by providing initial supports. A detailed summary report is written upon completion of the CWE, and the report is forwarded to the appropriate vocational rehabilitation counselor. A CWE may last from 2 weeks to no more than 30 days. ORS Counselors may authorize a second CWE if appropriate.

3) **Job Placement and Retention Services** is a service that occurs when a competitive, integrated job, paying minimum wage or higher, full or part-time, has been found in he person's chosen occupation according to their Employment Plan. A detailed report will immediately be sent to the appropriate VR Counselor, giving information about wages, benefits, hours, and other possible services needed to maintain this job. Sargent Center will then provide monthly reports to ORS, and provide on-going support to the person for a period of 90 days at the work site if appropriate.
A final report will be forwarded to the VR Counselor at 75 days of employment, confirming that the person continues to perform their work duties well, and has retained the job. In some instances, extended or long-term job supports may be necessary. In those instances, the ORS counselor may, if appropriate, authorize other agencies to provide the necessary job support services.

Reimbursement Schedule

1) Billed at the conclusion of Initial Work Prep---------- $1,000
2) Billed at the conclusion of CWE ---------- $1,500
3) Billed at the start of a Job Placement ---------- $2,500
4) Billed upon successful (75 day) job retention & Monthly reports–
   20 hours or less (prevailing wage)---------- $2,000
   21 hours or more to full time (prevailing wage)---------- $3,000

Revised 6/1/08

SKILLS TRAINING SERVICES & EVALUATIONS

Goodwill Industries of Rhode Island
100 Houghton Street
Providence, RI 02904
Telephone: 861-2080
TTY: 331-2830
Contact Person: Christine Yankee (x 119)

Work Readiness (6096) 4 Weeks $1,250

Work Readiness includes: Job Seeking Skills, Interviewing Skills, Appearance/Hygiene; Barriers to Employment; Interpersonal Skills; Resume; Transportation Assessment and Transportation Training can be added (separate codes and fees).

Externship/Work Experience (6206) – 2 weeks $1,350

Following externship, there is a report and meeting with ORS Counselor, Vendor and Client.
If Job Placement results from externship,

Externship Job Placement (6207) is authorized . . . . . $ 650

If no placement results, Job Development, Job Placement follow.

Training Non-Degree (6011) $3,000

Computer/Clerical Training
E-Waste Recycling Program **. $2,900**

Vocational Evaluation (3010) $1,000

Goodwill Industries will complete the vocational evaluation in the following manner:
One week will consist of aptitude testing, interest inventories, and work samples at Goodwill. The second wee will consist of a thorough work readiness skills assessment which will be done through a community-based assessment. The Vocational Evaluation process is not a service to be used for career exploration except for the interest-inventory portion.

* If a client has completed an intake and then fails to show up for two scheduled evaluation start dates, ORS counselors will receive a bill for $95 for intake services.
* If a client only completes 1-5 days of evaluation, Goodwill will be authorized to bill ORS for $600. Counselors will receive a report of activities up to that date.
* If a client completes 6-10 days of evaluation, Goodwill will be authorized to bill for the full $1,000 amount. Counselors will receive a completed report, and meet to discuss results.

Situational Assessment (3038) is a Community-Based Assessment used to provide vocational experiences in order to assist clients with vocational exploration. It is authorized at the rate of $75 per day.

Revised 4/2010

Job Coaching Services (6116) is a service for clients who need extra supports primarily to maintain competitive employment. This service must be distinguished from the traditional supported employment job coaching, and the time limited non-supported employment job coaching. In some limited circumstances, counselors may want to use this service to supplement a situational assessment in the community. The job coach will instruct, identify needed accommodations, and strategize solutions with the employer, consumer, and the ORS counselor. Normal use of this service should not exceed 90 days.

**** ORS Counselors may authorize $100 to have an initial assessment of the current work situation which may establish whether or not job coaching services are appropriate for the individual. (also code 6122)**
**** ORS Counselors may authorize the start of job coaching services at the rate of $25 per hour.**

Goodwill Industries (cont)
Employment Focused Intensive Services

Re-Entry Services: Provide the specific rehabilitative support services required by individuals with head injuries to each employment goals.

DARE (Deaf Access to Rehabilitation and Employment: Provides comprehensive employment services to Deaf and Hearing Impaired individuals leading to successful employment in their chosen occupations.

Blind and Visually Impaired: Provides comprehensive employment services utilizing adaptive technology, training, and support services needed to reach individualized employment goals.

Vocational Evaluation (See Page #20 for description)

Re-Entry (3014) ..... $200 per day
DARE (3444) ..... $200 per day
SBVI (3072) ..... $200 per day

Work Prep (See Page #20 for description)

Re-Entry (6101) $4,900
DARE (6093) $4,900
SBVI (6099) $4,900

- Retention is $1,000

Situation Assessment (See Page #20 for description)

Re-Entry (3040) ..... $150 per day
DARE (3041) ..... $150 per day
SBVI (3039) ..... $150 per day

Contact person for DARE Program: Jan Luby ext. 112
Contact person for Re-Entry: Cheryl Berger, ext. 138
Contact person for SBVI Programs: Natalia Montoya, ext. 127

Revised 7/21/2010

SKILLS TRAINING SERVICES (CON'T)

People In Partnerships, Inc.
200 Main Street Suite 230
Pawtucket, RI 02860
(401) 727-8002 Fax: 727-8411

PROGRAMS (6011) $2,500	Additional Fees (6040)	Amount
CNA	Book & Workbook	$45
	Exam	$95 & $40
	CPR (adult & infant)	$40
	*Equipment	$50
	(blood pressure cuff and stethoscope)	
	*Uniforms	$115
	Background Check	$5
CHILD CARE	CPR	$40
	Background Check	$5
HUMAN SERVICES	CPR	$40
	Background Check	$5
OFFICE ASSISTANT/COMPUTER TNG.	Book	$75
	Background Check	$5

*Optional

In addition to Skills Training Programs, PIP is approved to provide:

Situational Assessments (3038) $75 per day, not to exceed ten days.

> A Situational Assessments is defined as a service which allow individuals the opportunity to interact in a real work environment to explore or support a vocational goal.

The following work sites have been identified for Situational Assessments:

Yesteryear's Café – food service (all aspects)
Card Smart Stores – customer service, cashier, stockroom, sales, etc.
People In Partnerships – office assistant, word processing, general clerical
Child Care Connections – child care (all aspects)
Eleanor Slater Hospital, non-specified hotels – housekeeping, etc.
Nickerson House, and other private facilities – maintenance, janitorial

Reminder: PIP is an approved vendor for Time-Limited Job Coaching (6116). This service should be used as a support mechanism for job retention. **This service will be authorized at $50/day, for up to ten days. If there is a need to use more than the ten days, discussion and rationale between PIP, the client, and the counselor is necessary.**

SPECIAL SERVICES

YOUTH TRANSITION SERVICES

The Office of Rehabilitation Services (ORS) has partnered with several community based providers so that high school students with disabilities have an opportunity to participate in age appropriate vocational transition activities

I. REGIONAL VOCATIONAL ASSESSMENT CENTERS:

East Bay Educational Collaborative		245-2045
ORS/RIDE Contract	Vocational Evaluation	Agency Code: Eastb003 Service Code: 3018 Fee: None; contracted
Transition Academy Post high school services	Expanded 5th year school program Work Preparation Services (Only for out of school youth)	Agency Code: RITRA 003 Service Code: 6046 Fee: $4,500/year Service Code: 6096 (See pg. 58-59)
Northern Rhode Island Educational Collaborative		**658-5790**
ORS/RIDE Contract	Vocational Evaluation	Agency Code: North017 Service Code: 3018 Fee: None; contracted
Transition Academy	Expanded 5th year school program	Agency Code: EMPLO002 Service Code: 6046 Fee: $4,500/year
Post high school services	Work Readiness Services (Only for out of school youth)	Agency Code: North017 Service Code: 6096 (See pg. 58-59)
Providence School System		**456-9230**
ORS/RIDE Contract	Vocational Evaluation	Agency Code: Proje004 Service Code: 3018 Fee: None; contracted
Transition Academy	Expanded 5th year school program – Work Prep	Agency Code: JWProv01 Service Code: 6046 Fee: $4,500/year
Southern Rhode Island Educational Collaborative		**295-2888**
ORS/RIDE Contract	Vocational Evaluation	Agency Code: South011 Service Code: 3018 Fee: None; contracted
Exploring Developing Transition Academy 2/08 Post high school services	Work Readiness Services (Only for out of school youth)	Service Code: 6096 (see pg. 58-59)
West Bay Educational Collaborative		**941-8353**
ORS/RIDE Contract	Vocational Evaluation	Agency Code: Westb002 Service Code: 3018 Fee: None; contracted
Transition Academy at CCRI	Expanded 5th year school program	Agency Code: RITRA002 Service Code: 6046 Fee: $4,500/year
Post high school services	Work Readiness Services (Only for out of school youth)	Agency Code: Westb002 Service Code: 6096 (see pg. 58-59)

YOUTH TRANSITION SERVICES (CONT.)

OTHER FEE FOR SERVCE OPTIONS FOR YOUTH:

** **Vocational Evaluations (3011) are provided by the following agencies for the same fees as adults.**

**Goodwill Industries	
Summer Work Program Work Readiness (out of school) Vocational Evaluation	Agency Code: VOCAT001 Service Code: 3527 Fee: $2,400 Service Code: 6096 (see pg. 58-59) Service Code: 3010: $1,000
**Perspectives	
Summer Work Program	Agency Code: PERSP001 Service Code: 3527 Fee: $2,400
Rhode Island School for the Deaf	
 Vocational Evaluation Situational Assessment Work Preparation (Full School Year)	Agency Code: RISCH001 Service Code: 3044 Fee: $200/day Service Code: 3041 Fee: $150/day Service Code: 6093 Fee: $4,500
Summer Work Program	Agency Code: RISCH001 Service Code: 3528 Fee: $2,400
**Looking Upwards	
Summer Work Program	Agency Code: LOOKI001 Service Code: 3527 Fee: $2,400
**Homestead	
Summer Work Program	Agency Code: RIARC005 Service Code: 3527 Fee: $2,400
**Cranston ARC	
Summer Work Program	Agency Code: RIARC002 Service Code: 3527 Fee: $2,400
Youth Leadership	
Summer Youth Leadership (OSCIL)	Agency Code: OSCIL001 Service Code: 9998 Fee: $1,600
Mentoring	No fee, Internal ORS Program

Revised 8/24/10

SPECIAL SERVICES
INDEPENDENT LIVING CENTER SERVICES

FEE SCHEDULE

Consumer control is basic to independent living. Therefore, services are for example, to increase the ability of individuals with significant disabilities to manage their own life. See Personal Care Assistant Policy. Send letter with authorization indicating consumer's issue or goal.

PARI **500 Prospect Street** **Pawtucket, RI 02860** **Phone: (401) 725-1966**	**OSCIL** **1944 Warwick Avenue** **Warwick, RI 02889** **Phone: (401) 738-1013**
IL Assessments	**IL Assessments**
Comprehensive IL Assessment(3302) (Employment) $350.00	Comprehensive IL Assessment(3302) (Employment) $350.00
Equipment Needs Assessment(3304) $140.00	Equipment Needs Assessment(3304) $140.00
Home Accessibility Assessment(3308) $140.00	Home Accessibility Assessment(3308) $140.00
Personal Care Assistant Assessment or Self Care Assessment(3303) $140.00	
IL Skills Training	**IL Skills Training**
Managing Equipment Acquisition and Use(6087) $105.00	Managing Equipment Acquisition and Use(6087 $105.00
Transportation Skills Training(6074) $140.00	Transportation Skills Training(6074) $140.00
Other IL Training to Support Employment Preparation (6078) $105.00	Other IL Training to Support Employment Preparation (6078) $105.00
Training to Manage a Personal Care Assistant(6082) $175.00	
Managing Bowl, Urinary or Skin Care(6084) $140.00	
Personal Care Assistant Services **Costs:**	
Daytime(9400): $8.82 per hour plus .45¢ Administrative fee for a total of $9.27 per hour.	
Nighttime (9401): $25.95 per night plus $3.15 Administrative fee for a total of $29.10 per night	

Revised 9/2005

SPECIAL SERVICES
TUTORING / INTERPRETERS

Tutoring Services (6098)

Must be provided by a qualified teacher (State of Rhode Island Certification needed) and/or college professor or instructor. $25.00 per hour.

Individual Instruction (Not Tutoring)(6036)

In some situations, individual specialty instruction may be required to reach vocational goal. Fees can vary. Either use the tutoring fee as noted above or if this is discrepant with the going rate for a specific instruction, obtain 3 or more rates charged for the instruction and average the cost for ORS participation.

Interpreters for the Deaf (9202) and/or Deaf/Blind (9202) – See Appendix A

The Governor's Commission for the Deaf and Hard of Hearing (CDHH)
One Capitol Hill, Providence, RI 02908
Phone: 222-5300 (V); RI Relay – 711; 222-5301 (TTY)
(Referral Agency only – follow process in Appendix A)

This fee schedule will include a two (2) hour minimum in the event of a "No Show." Less than 48-hour cancellation notice will obligate the agency to pay the two (2) hour minimum. Assignments lasting more than two (2) hours will be paid to the nearest quarter hour.

***Translation Services (9201)**

***Foreign Language Interpreters (9200)**

- **See the Master Price Agreement, which can be accessed from the internet via the following steps:**

1. **www.purchasing.ri.gov (Division of Purchasing – Home Page).**
2. Double click on Vendor Information
3. Scroll down to Master Price Agreements (MPA) – left click on mouse.
4. Click on "SEARCH", scroll down to appropriate vendor.
5. Left click on mouse.

Revised 5/2007

SPECIAL SERVICES
ASSISTIVE TECHNOLOGY SERVICES

TechACCESS of Rhode Island
Assistive Technology Resource Program
110 Jefferson Boulevard, Suite I
Warwick, RI 02888

Phone: 463-0202
Contact Person: Judi Hammerlind-Carlson
E-mail: jcarlson@techaccess-ri.org

The following services are available through TechACCESS. First see Supervisor for clinical review to determine referral directly to TechACCESS or consult with the in-house Rehabilitation Technology Consultant

Assistive Technology-Equipment Assessment (3097). $1050

Assessments are limited to computer access and use for all disabilities and general assistive technology applications for individuals who are blind or have low vision. Each assessment, including time with client, travel time, research time, etc. is expected to take approximately **eight hours.**

Assistive Technology – Augmentative Communication Assessment (3098) $1050

This assessment, including all components listed above, is expected to take approximately **ten hours.**

Both assessments include:

- Identification of client needs
- Identification of appropriate technology(s)
- Hands-on training with representative technologies as possible
- Formal written report with recommendations
- Follow-up meeting to review report and recommendations with client, rehabilitation counselor, and appropriate team members

Additional Assessment Hours $105/hour

Use Service Code for the respective assessment (3097 or 3098)

TechACCESS must notify and discuss with the rehabilitation counselor the need for further assessment time prior to scheduling additional hours with the client.

Revised 9/2009

SPECIAL SERVICES
ASSISTIVE TECHNOLOGY SERVICES

Assistive Technology – Professional Consultations:

Assistive Technology Application/Therapy/Training
Service Code (6121) $105/hour

Professional consultation is directly related to recommendations from Assistive Technology/ Augmentative Communication Assessment. Therapy sessions are provided on an hourly basis to address specific intervention goals and objectives identified from assessments. A written summary report is provided at the conclusion of sessions, as requested.

Individualized training is provided to individuals at home, the worksite, or at TechACCESS to help them learn and reach competency with software or other assistive technology devices.

Technical Assistance
Service Code (6120) $75/hour

Technical assistance is offered to help individuals at home, in the workplace or at the TechACCESS Center to install software, program/customize devices, and trouble shoot incompatibility problems.

• * *

Rehabilitation Technology Consultant:

Lou Esposito, Bio\NEXUS, Inc.
Telephone: 800-485-5040
E-Mail: louesposito@cshore.com

Services provided by Bio/Nexus:

Not requiring completion of T-blue are: consultation, evaluation, research, and recommendations.

Services requiring an authorization are:

Computer Repair/Installation
Service Code (9150)……$73/hour

Computer Training
Service Code (6036-Individualized Training, not Tutoring)…… $75/hour

Counselors should only authorize a maximum of 10 hours for computer training, with any additional hours requested, requiring justification and prior authorization.

Counselors must consider the informed choice of their clients when authorizing any services.

Revised 3/2007

DRIVING EVALUATIONS(7122) and/or DRIVER TRAINING (7121)

PROVIDERS

ABC/ACE DRIVING SCHOOLS

29 Rhodes Avenue
Riverside, RI 02915
Phone: (888) 446-5189
Cell: (860) 208-9540
Contact Person: Tim Souza

Mailing Address: (all correspondence) 242 Herrick Road
Brooklyn, CT 06234

Vendor Code: ABCDR002

Mileages are taken from the Journal Bulletin Almanac. Distances are recorded from Providence. **This list includes only the 37 cities or towns farther than 20 miles.** All other 64 cities and towns are at the base rate of $60 per hour. That included over three quarters of the clients. Please add $35 for evaluations which are approximately 2 hours in length, and includes detailed, professionally prepared reports with recommendations for special equipment and/or driving restrictions. These fees include, in addition to the physically impaired, other disabilities such as learning deficits, deafness (special "signing" methods used), dyslexia, autism, illiteracy, agoraphobia and other severe mental blocks associated with driving fears. ABC/ACE Driving Schools will work together with psychiatrists and hypnotherapists when necessary. Techniques are kept up-dated by constant consultation with other health professionals, frequent visits to Rehabilitation Centers in the U.S., and acquisition of numerous publications. Rates are the same when client's specially equipped van is utilized instead of ABC/ACE Driving School's specially equipped dual-controlled training car.

Please include phone number and details on client.

MAXIMUM FEE

LOCATION	PER HOUR	LOCATION	PER HOUR
Within 20 miles (Providence)	$60.00	Within 20 miles (Providence)	$60.00
Adamsville	$67.00	Narragansett Pier	$70.00
Ashaway	$78.00	Newport	$70.00
Beavertail	$71.00	Pascoag	$63.00
Bonnet Point	$69.00	Peacedale	$70.00
Carolina	$76.00	Point Judith	$75.00
Charlestown	$80.00	Quonochontaug	$75.00
Exeter	$62.00	Richmond	$70.00
Galilee	$74.00	Sakonnet Point	$73.00
Green Hill	$79.00	South Kingstown	$65.00
Harrisville	$63.00	Summit	$62.00
Hope Valley	$71.00	Wakefield	$70.00
Hopkinton	$76.00	Wallum Lake	$64.00
Jamestown	$67.00	Watch Hill	$94.00
Kenyon	$73.00	Westerly	$85.00
Kingston	$69.00	West Greenwich	$70.00
Little Compton	$70.00	Wyoming	$71.00
Middletown	$65.00	Yawgoo	$73.00

Revised 10/2005

DRIVING EVALUATIONS (VENDORS) CONT'D.

The Adaptive Driving Program, Inc.
250 Milton Street, #LL002
Dedham, MA 02026

Phone: (508) 626-6568

Contact Person: Mark Whitehouse

Vendor Code: ADAPT001

$150.00 for standard on the road evaluation (1 – 1.5 hours with report)

$80.00 for car training lessons (per hour)
$110.00 for van training lessons (per hour)

To be authorized in blocks of ten sessions with a written report and recommendations submitted prior to re-authorization.

VNS Home Health Services
Rehabilitation Dept.
14 Woodruff Ave., Suite 7
Narragansett, RI 02882

Phone: (401) 782-0500
(401) 788-2354

Contact Person: Susan Nichols
Sue Jameson
Linda Curry

Vendor Code: VNSHO001

$500.00 for driving assessment in car. Includes on the road evaluation.

$600.00 for driving assessment in van. Includes on the road in modified van. Please check with Linda prior to authorizing Van Evaluation.

Rhode Island Hospital
Dept. of Rehab Medicine
The Coro Building, Suite 1300
One Hoppin Street - Providence, RI 02903

Contact Person: Laura Richard, OTR

Phone: (401) 444-5178
FAX: (401) 444-5089

Need eye examination, physician referral, and client form prior to authorization.

Vendor Code: RIHOS003

Car Evaluations (RI Hosp. is not certified to do lessons where vehicle modifications are required.)

$317.10 (Joe Murphy must sign off on all T-Blues)

Crotched Mountain
1 Verney Drive
Greenfield, NH 03047

Contact: Don Sampson

Phone: (603) 547-3311 x1640
FAX: (601) 547-3232
Website: www.crotchedmountain.org

Vendor Code: CROTC001

Consultation with no report/vehicle - $70 per hour (min 1 hr)

Driver Evaluations (van or car): $122 per hour (min. 1 hr, usually 2-3 hours needed)

Training (van/car): $122 per hour (min. 1 hr)

On Campus Room & Board: $41 per person/per night*

Mileage: $.45 per mile (if vendor comes to RI)

Travel Time: $42 (if vendor comes to RI)

* As needed, room is wheelchair accessible; additional room available for PCA at same rate. Towels and linens supplied. Meals are in staff cafeteria, a short distance from the housing.

Revised 7/9/10

DRIVING EVALUATIONS (PROVIDERS) CONT'D.

The Mobility Center – Easter Seals of CT
158 State Street
Meridan, CT 06450

Phone: (203) 237-7835
FAX: (203) 237-9187

Car and Van Evaluations
Contact: Tricia Coppola-Passariello
Vendor Code: EASTE004

Predriving & car evaluation - $787.90
Predriving & van evaluation - $1075.80
Passenger van evaluation - $537.90
Off-site travel charges, if applicable - $143.00/hour
Digidrive/joystick van evaluation - $192.00/hour (plus predriving/van charges)
Note: All initial evaluations are done at the Meriden CT facility.

Atlantic Driving Academy
33 Manhattan Street
Providence, RI 02904

Phone: (401) 331-3292

Contact: John Romano
Vendor Code: ATLAN004

Drivers Training $30 per hour – 8 hours on the road and road test

Welsh Driving School
65 Frank's Necks Road
Narragansett, RI 02882

Phone: (401) 783-0962

Contact: Dean Welshman
Vendor Code: WELSH002

Drivers Training: $60 per hour

Revised 6/14/10

TRAVEL TRAINING (7110)

First Authorization .....$ 45.00
Second Authorization $255.00

Accessing Community Transportation (ACT)
51 Puritan Drive
Warwick, RI 02888

Phone: (401) 461-5494

Contact: Mark Susa, President

Vendor Code: ACT0001

Cranston ARC
111 Comstock Parkway
Cranston, RI 02920

Phone: (401) 941-1112

Contact: Erin Ferns

Vendor Code: RIARC002

Note: Population served is transition students.

Goodwill Industries of R.I.
100 Houghton Street Providence, RI 02904

Phone: (401) 861-2080

Contact: Christine Yankee

Vendor Code: VOCAT001

First Authorization: This service establishes that public transportation is appropriate for the individual depending upon the availability of RIPTA service for the desired location and travel destination. Some people may not be able to participate in this program due to lack of public transportation in their area, or the bus routes and schedules not meeting their transportation needs.

Second Authorization: The Travel Training is individualized for each individual. A questionnaire may be used to determine strengths or need for extra training. The following areas are considered in developing a Travel Training Plan:

- Ability to move from place to place
- Ability to travel long distances
- Ability to stand for a prolonged period
- Balance
- Ability to use stairs
- Sight, need for glasses
- Hearing, need for hearing aids or other corrective devices
- Eating; special foods or problems with swallowing
- Seizures, any pre-warnings or other special instructions
- History of public transportation use
- Need for or possession of bus pass
- Prior training and experience using public transportation
- Ability to travel independently
- Appropriate behavior with strangers
- Ability to recognize community workers
- Knowledge of what to do if lost or ill
- Ability to find destination with given directions
- Knowledge and ability to assert passenger rights
- Ability to identify names and numbers
- Ability to locate a telephone
- Ability to dial a telephone
- Ability to tell time
- Ability to read and understand a bus schedule

The Individual Travel Plan includes how provider will assist the individual with his/her:

- Ability to move purposefully within the environment
- Ability to leave for bus at the appropriate time
- Ability to find an identify the bus stop
- Ability to identify proper bus
- Ability to board, pay fare/show bus pass and choose appropriate seat
- Ability to watch for landmarks, signal for stop, disembark
- Ability to negotiate personal travel route

Types of Travel Assistance for the Individual:

- A plan drawn up for best route to desired location using the appropriate bus schedules.
- Small cards made up with pertinent information, e.g. destination (to show driver), home address and important phone numbers.
- If needed, photographs will be taken to help guide trainees who need visual cues to help them find the correct bus stop, route, and destination.
- Initial training that includes 3 or 4 trips (time to be determined by route(s), distance, transit schedules and need for return trip).

Training Includes:

- The trainee will be met at the location of departure which best suits the need of the trainee.
- The trainee will be shown a bus schedule with appropriate times and locations highlighted.
- The trainee will be accompanied to the appropriate bus stop.
- If needed, the trainee will be accompanied to the RIPTA office to obtain a bus pass during the first trip.
- The trainee will receive instruction on how to signal the bus driver to stop to be picked up.
- The trainee will be shown how to deposit bus fare or show pass.
- The trainee will be shown how to be properly seated for ride.
- During the ride, the trainee will review bus rules.
- The trainee will be instructed to watch for landmarks as destination approaches.
- The trainee will learn the correct way to alert drive by signaling or walking to the front of bus just before stop.
- The trainee will be taught the proper way to exit the bus.
- The trainee will be accompanied to the destination place.
- The trainee will be returned to departure point via RIPTA bus if desired.
- The trainee will receive instruction in safety rules. After each training session progress notes will be completed to monitor program and assess need for more training.
- Trainees will be shadowed during the initial phase of independent travel to insure their comfort and ability to travel without assistance. (This part of training would require at least one additional unit of training.)
- Only when all the necessary travel skills are mastered and the trainee and trainer feel confident about the trainee's ability will independent travel begin.

Report: Provider will generate a report and make recommendations for the amount of additional training and/or accommodations required to meet the individual's employment/independent living goal.

CHILD CARE SERVICES
(Service Code 9300)

DEFINITION OF PROVIDER GROUPS

Licensed Day Care Centers:

Community-Based Centers such as Child Care Connection, Little Tots, Growing Children, etc. Licensed by DCYF on a yearly basis.

Group Family Day Care Homes:

Home-based childcare services that can provide child care for nine to twelve children. Licensed by DCYF on a yearly basis.

There are less than ten of these providers in RI, reasons for this is the strict standards – zoning concerns, rigid environmental standards, etc.

Certified Family Day Care Homes:

Most common home-based provider in the state, there are currently over a thousand providers. These providers can accommodate up to eight children, with an assistant. Without an assistant, they can take up to six children.
Licensed by DCYF for a **two year period.**

Relative Care Provider:

Department of Human Services requires: B.C.I., DCYF (C.A.N.T.S.) background on provider.

In-Home Care:

Department of Human Services requires: B.C.I., DCYF (C.A.N.T.S.) background on provider.

CHILD CARE SERVICES (CONT'D)

WEEKLY PAYMENT RATE SCHEDULES

SCHEDULE I

	INFANT/TODDLER			PRE SCHOOL CARE		
	Full Time	Half Time	Quarter Time	Full Time	Half Time	Quarter Time
Licensed Day Care Center	$188.00	94.00	47.00	157.00	78.00	39.00
Group Family Day Care Home	155.00	77.00	38.00	150.00	75.00	37.00
Certified Family Care Homes	155.00	77.00	38.00	150.00	75.00	37.00
Relative Care	81.00	40.00	20.00	54.00	27.00	13.00
In-Home Care	74.00	37.00	18.00	50.00	25.00	12.00

Revised 9/2009

CHILD CARE SERVICES (CONT'D)

WEEKLY PAYMENT RATE SCHEDULES

SCHEDULE II

	SCHOOL-AGE CARE		
	School in Session		School out Session
	A.M.	P.M.	
Licensed Day Care Centers and after school facilities	$50.00	$85.00	$142.00
Group Family Day Care Homes	55.00	80.00	142.00
Certified Family Care Homes	40.00	60.00	142.00
Relative Care	18.00	26.00	53.00
In-Home Care	17.00	24.00	49.00
Summer Day Camps	N/A		43.00

A.) Age Group Definitions

- **Infant/Toddler:** This is a child from the age of one week up to three years old.
- **Pre-School:** This is a child from age three years up to age six years.
- **School Age:** This is a child from age six years up through age twelve years.

Revised 9/2009

CHILD CARE SERVICE DEFINITIONS

B. TIME DEFINITIONS

1. **Daily Basis**

   a.) Full Time: A full day of service equals care provided five or more hours.

   b.) Half Time: A half day of service equals care provided more than two and less than five hours per day.

   c.) Quarter Time: A quarter day of service equals care provided less than two hours.

2. **Weekly Basis**

   When determining the amount of weekly payment for childcare services, the following weekly definitions are used. The definitions vary according to the activity in which the client participates and the amount of time spent in such activity.

   a.) **Full Time:** Full Time Child Care is available when one of the following conditions is met:

   Employment:

   A client is working 20 hours or more per week during the Sunday through Saturday period.

   Education and Training:

   A client is attending an education or training program, below the post secondary level, for 20 hours or more per week.

   Post-Secondary Education:

   A client is attending college 12 credit hours or more.

   b.) **Half Time:**

   Half Time Child Care is available when one of the following conditions are met:

CHILD CARE SERVICES (CONT'D)

Employment

A client is working at least 10 hours or more, but less than 20 hours per week.

Education and Training

A client is attending an education or training program, below the post secondary level, for a minimum of 10 hours or more, but less than 20 hours per week.

Post-Secondary Education

A client is attending college four (4) to 11 credit hours.

c.) **Quarter Time**

Quarter Time Child Care is available when one of the following conditions are met:

Employment

A client is working less than 10 hours per week.

Education and Training

A client is attending an education and training program, below the post secondary level for less than 10 hours per week.

Post-Secondary Education

A client is attending college less than four (4) credit hours per week.

Department of Human Services
Office of Rehabilitation Services
Child Care Checklist
(Attach to ORS Authorization Request Form- Tblue)

Date: _____

ORS Client Name: _____ SS#: _____
Counselor: _____

Support Services for: o **Employment** o **Training** o **Job Search** o **Other**

Name, Address and Telephone Number of Day Care Provider:
_____
_____
_____

Please specify if day care provider is:

o **Licensed Day Care Center** o **Group Family Home**
o **Certified Family Home** o **Relative Care**
o **In-Home Care**

For New Vendors (other than Licensed Day Care Centers)

DCYF License No.: _____
Date of Expiration: _____

Child Care provided for:

Child's Name	Age	Full-Time	Half-Time	Quarter-Time	# of Days Per Week

Projected time services will be needed:
o ***Week***
o ***Month***
o ***Semester***
o ***Other (please specify)*** _____

(Please refer to the Child Care Services – Weekly Payment Rate Schedules – Schedules I & II for Agency Fees)

MEDICAL AND PSYCHOLOGICAL SUPPORT SERVICES

Program Requirements

1. The diagnosis and name of referring physician must be indicated when applicable on all claims for payment submitted to the ORS Program. The ORS Program is required by federal regulations to maintain a vigorous and continuous utilization review of all claims submitted by all participating health care practitioners for medical services and supplies provided eligible recipients of the program.

2. It is important to note that the fees listed in this fee schedule apply only when such services are not available to the general public at a lesser rate. In those instances, in which a provider makes services available at less than the rates indicated in the fee schedule, payment will be made in accordance with the lessor rate.

3. Federal regulation and the requirements of the Office of Rehabilitation Services mandate that payment made in accordance with the allowances listed in this fee schedule must be considered as full and total payment for these services. The Office of Rehabilitation Services cannot permit any arrangement which would require eligible consumers, or anyone else, to provide supplementary payment.

4. Payment for any prior authorized services can only be made if the services are provided while the case remains active for the Rhode Island VR Program through ORS.

5. Specific medical and dental x-ray services and clinical laboratory not listed in this fee schedule can be considered for payment on the basis of medical necessity leading to employment. Such services will require prior authorization, and the amount of payment will be determined on an individual consideration basis by administrative and/or consultative staff.

6. Providers of service must sign the billing form. Signature stamps or person signing for the provider are not acceptable.

7. Providers must utilize other third party resources, such as Federal Medicare, Blue Cross/Blue Shield, or other private health or casualty insurance coverage, when available, prior to billing the ORS Program.

8. Providers must bill with required report once the service has been provided. If a payment has not been paid after 90 days of original invoice, the vendor can call the Fiscal Office and inquire or send a second notice (copy of original invoice/report).

GENERAL MEDICAL SERVICES
(SERVICE CODES ARE IN PARENTHESIS)

General Medical Examination - $95.00 (3000)
(The fee for a General Medical Exam will be the same for all doctors)
History and complete examination of all body systems with written report.
(An additional $40.00 is to be added to the regular fee for home visit). (3005)

Cardiological Evaluation - $95.00 (3105)

Dental Evaluation - $95.00 (3020) – refer to Dental Section

Endocrinological Evaluation - $95.00 (3080)

Internal Medicine Evaluation - $95.00 (3001)
(can also be used for Pulmonary Evaluations)

Neurological Evaluation - $95.00 (3050)

Neurosurgical Evaluation - $95.00 (3055)

Opthalmological Evaluation - $95.00 (3130) – refer to Vision Section

Orthopedic Evaluation - $95.00 (3060) – refer to OT & PT Section

Otolaryngological Evaluation (Ear, Nose, Throat) - $95.00 (3177) – refer to Hearing and Speech Section

Otological Evaluation - $95.00 (3145) – refer to Hearing and Speech Section

Physiatry Evaluation - $95.00 (3065) – refer to Occupational Therapy and Physical Therapy Section

Plastic Surgery Evaluation - $95.00 (3095)

GENERAL MEDICAL SERVICES (CONT'D)

Podiatric Evaluation - $50.00 (3123)

Psychiatric Evaluation - $180.00 (3160) **(Discuss with ORS Psychological Consultant Prior To Authorization)**
A General psychiatric evaluation completed by an approved Psychiatrist has as its central component a face-to-face interview with the patient. The interview-based data are integrated with data that may be obtained through other components of the evaluation, such as a review of medical records, and history from collateral sources. The aims of a general psychiatric evaluation are 1) to establish a psychiatric diagnosis, 2) to collect data sufficient to permit a case formulation and functional capacity assessment, and 3) to recommend a treatment plan if necessary), 4) Initial Psychopharmacologic Assessment, Evaluation Session, and subsequent medication follow-up.)

Psychiatric Medication Follow-up Visits- $50 per visit (4054)

Rheumatology Evaluation - $95.00 (3174)

Surgery (4052) **– Discuss with Medical Consultant prior to authorization**

Surgical Evaluation - $95.00 (3100)

Urological Evaluation - $95.00 (3090)

DENTAL SERVICES

Dental Evaluation – (3020)

**Dental Treatment – (4150)

**Dental Surgery – (4152)

Dentures (full upper, full lower) - (5300)

**X-Rays / Specialized X-Ray evaluations (3400)

**Laboratory Tests (3500)

**Treatment (NEC) (4999)

PRIOR APPROVAL BY DENTAL CONSULTANT IS REQUIRED.

CONSULTANTS

Medical – Dr. Elizabeth Conklin, Tuesday and Friday mornings, Ext. 363
Psychological – Dr. Joseph Litchman, Tuesday, Thursday, & Friday, 7:00am – 11:00am, Ext. 333
Dental – Dr. Walter Dzialo, (Please email or call Monica Dzialo, ext 410 if you have a consultation for Dr. Dzialo.) Dr. Dzialo will base approval of dental estimates based on Blue Cross/Blue Shield rates.

CONSULTATION WITH CONSULTANTS IS ENCOURAGED PRIOR TO AUTHORIZATIONS BEING WRITTEN.

HOSPITAL-BASED CLINICS

The following is a list of hospitals and hospital-based clinics that have provided services to our clients. The list may not represent all of the clinics/services available at that hospital. When referrals are made, the counselor should ascertain the fee for the service from the hospital or clinic and list the cost on the ORS Authorization Request Form.

Vendor Code	Vendor Name	Phone Number
BRADL003	BRADLEY (EMMA PENDLETON) HOSPITAL	432-1000
BUTLE003	BUTLER HOSPITAL	455-6200
HEALT007	HEALTH SOUTH NEW ENGLAND REHAB	456-4500
KCHOS001	KENT COUNTY HOSPITAL	737-7000
LANDM001	LANDMARK MEDICAL CENTER (WOON.)	769-4100
MEMOR001	MEMORIAL HOSPITAL	729-2000
MIRIA001	MIRIAM HOSPITAL	793-2500
NEWPO008	NEWPORT HOSPITAL	253-4063
NEWPO007	NEWPORT HOSPITAL OB/GYN BORDAN	253-4063
NEWPO011	NEWPORT HOSPITAL PHYSIATRY	253-4063
RIHOS002	R I HOSPITAL CARDIOLOGY FOUNDATION	277-0700
RIHOS003	R I HOSPITAL	444-4000
RIHOS001	R I HOSPITAL – PSYCHIATRY DEPT.	277-0701
RIHOS007	R I HOSPITAL NEURO-PSYCHOLOGY	444-4500
RIHOS009	R I HOSPITAL REHAB SERVICES	444-5485 or 444-5418
ROGER002	ROGER WILLIAMS HOSPITAL	456-2000
SCHOS001	SOUTH COUNTY HOSPITAL, INC.	782-8000
STJOS001	ST. JOSEPH'S HOSPITAL	456-4500
STJOS002	ST. JOSEPH'S HOSPITAL FATIMA	456-3000
FOGAR001	THE REHABILITATION HOSPITAL OF RI	766-0800
WESTE002	WESTERLY HOSPITAL	596-6000
WOMAN001	WOMAN & INFANTS HOSPITAL	274-1100

OCCUPATIONAL THERAPY AND PHYSICAL THERAPY SERVICES

*Functional Capacity Evaluation - $450 (3525)
A licensed Physical Therapist or Occupational Therapist will perform the evaluation.

***PRE-REQUISITE: THE CLIENT SHOULD HAVE BEEN SEEN BY A PHYSICIAN OR THE COUNSELOR SHOULD CONSULT WITH MEDICAL CONSULTANT TO DETERMINE CAPACITY TO TAKE PART IN THE EVALUATION.**

Orthopedic Evaluation - $95.00 (3060)

Physiatry Evaluation - $95.00 (3065)

Physical Therapy Evaluation - $100.00 (3035)
Physical Therapy (Hourly Rate) - $50.00 (4030)

Occupational Therapy Evaluation - $100.00 (3030)
Occupational Therapy (Hourly Rate) - $50.00 (4040)

VISION SERVICES

Visual Field Test - $35.00 (3128)

Opthalmological Evaluation - $95.00 (3130)

Optometric Evaluation w/ refraction - $65.00 (3126)

The Office of Rehabilitation Services will pay up to $60.00 toward the cost of eyeglass frames (5100).

Ocular Prosthetics

*Custom Prosthetic Eye - $720.00 (5125)
*Clear Scleral Shell (Phase I) - $235.00 (5125)
*Custom Scleral Shell (Phase II) - $975.00 (5125)

- **This fee will include all adjustment visits in connection with the fitting.**

Vendors for Ocular Prosthetics:

Jahrling Ocular Prosthetics, Inc.
50 Staniford Street, 8th fl.
Boston, MA 02114
(617)-523-2280
E-Mail: www.jahrling.com

Jahrling Ocular Prosthetics, Inc.
South Side Medical Offices
120 Dudley Street, Suite 202
Prov., RI 02905
454-4168 Mon. & Tues. 7:30/am-4:00/pm

Low Vision Aids (5072)

The Office of Rehabilitation Services will pay up to 100% over actual cost of prescribed Medical Low Vision Aids. These aids are hand magnifiers and magnifying eyeglasses. A 30-day trial period to determine the usability of the prescribed aids and the completion of a cost validation form is required prior to authorization.

Consultants

Vision – Dr. Robert Bahr, Bi-weekly, AM
Dr. Robert Kinder, Bi-weekly, AM

To coordinate a consultation, call Susan Osborne, ext. 422.
Consultations are held in Training Room C, 3rd Floor.

Revised 11/2006

HEARING AND SPEECH SERVICES

Speech Evaluation - $100.00 (3178)

Speech Therapy - $50.00/Hour session (4045)

Audiological Evaluation (Pure Tone Only) - $50.00 (3210)

Audiological Evaluation (Full) - $85.00 (3211)

Otolaryngological Evaluation (Ear, Nose, Throat) - $95.00 (3177)

Otological Evaluation - $95.00 (3145)

Hearing Aid Assessment - $75.00 (5005)

Assistive Listening Device Evaluation - $35.00 (3096)

Ear Molds - $68.00 each (5015)

Hearing Aids: (5010)

The Office of Rehabilitation Services will make payment for hearing aids provided to eligible consumers as follows:

1. Standard hearing aids will now have a flat rate. A cost validation form is needed

Monaural

Body Aid, In-the-ear, Behind-the-ear, the rate is $700.00

Binaural

In-the-ear, Behind-the-ear, the rate is $1400.00

2. Digital Hearing Aids, FM-Systems

The rate is cost plus $250.00 markup for each ear. Again, a cost validation form is needed.

Please remember that the Office of Rehabilitation Services makes payment for hearing aids for eligible consumers only. It should be noted that all hearing aids provided must be unconditionally guaranteed for both parts and services for a period of one year from the date on which the aid is provided to the recipient. A cost validation form and a 30-day trial are required prior to authorization.

Hearing Aid Repairs: (9001) (When hearing aid is out of warranty)

Manufacturer repair. This is for repairs done by the manufacturer – recasing, replacement, and extensive repairs. These repairs include a 6-month warranty that covers all subsequent repairs within this period. The rate is manufacturers cost plus $50.00. A repair cost validation form is required.

State Of Rhode Island & Providence Plantations
Department Of Human Services
Office Of Rehabilitation Services
40 Fountain Street
Providence, RI 02903
Voice 421-7005 ~ FAX 222-3574
http://www.ors.ri.gov

HEARING AID COST/REPAIR VALIDATION FORM

Customer Name: _____

Address: _____

_____

I certify that the cost* of each hearing aid or repair,

model number _____, is $_____ per aid.

I am recommending _____(1) _____(2) aids.

These aids are: Standard _____ Digital _____

- **Cost –** The actual cost of, or repair of, the above instrument to the dealer, including all discounts of volume purchase, promotional programs, and shipping/receiving.
- **Standard Monaural Aid:** $700 per aid
- **Digital Aids:** Cost + $250 markup per aid
- **Molds/Impressions**: $68 each
- **Hearing Aid Assessment**: $75
- **Hearing Aid Repairs**: Manufacturer repair that include a 6 month warranty that covers subsequent repairs within this period. Manufacturer cost plus $50. A repair cost validation form is required.

Signed: _____ Date: _____

Company: _____

Form #ORS10A
Revised 1/2010

Psychological, Neuropsychological, Therapeutic Services

Psychological services are defined more specifically with decisions necessary for types of testing and evaluations. Counselors are advised to order only what is necessary. The Psychological Consultant can assist you with decision-making.

USE OF CONSULTANT: The Psychological Consultant is available to supplement the Counseling and Guidance functions of the Counselor. Face-to-face meetings are the best way to discuss the situation and make decisions about types and implications of testing. The Consultant can assist to frame the questions to ask the Evaluator, analyze the reports, discuss the rehabilitation issues related to disorders, and relate the reports and needs to vocational planning and employment. **Please remember to include background information to our outside evaluators and PLEASE be specific in your referral questions.**

VOCATIONAL APPRAISAL (3186): The purpose of the Vocational Appraisal is to evaluate interests, aptitudes, personality, and adaptive functioning related to work and vocational planning. Testing is to include a diagnostic interview including academic and work histories, a cognitive screen (e.g., WASI or Otis-Lennon), academic screen (e.g., WRAT-4) or aptitude testing (e.g., Wonderlic), and Interest evaluation. Specific aptitude evaluations should be tailored to client stated interests or referral questions.
Usual time is 4 hours
Authorize $300.00

CLINICAL EVALUATION (3170): The purpose of a Clinical Evaluation is to differentiate/elaborate DSM Axis I and Axis II disorders for purposes of moving forward in vocational planning to employment. The evaluation is to include a comprehensive psychodiagnostic interview, including longitudinal psychiatric and psychosocial histories, response to treatment, current mental status exam, and DSM diagnostic formulation, including current GAF. Formal testing would include a cognitive screen and personality (e.g., MMPI) or projective testing, as appropriate to answer the referral questions.
Usual time is 4 hours
Authorize $300.00

LEARNING DISABILITY ASSESSMENT (3052): The purpose of the "LD" assessment is to evaluate cognitive, academic, and behavioral problems in the acquisition of learning skills, instrumental to vocational success. The evaluation is to include a diagnostic interview including educational, vocational, and psychosocial histories. Formal testing is to include a full battery cognitive evaluation (e.g., WAIS or Stanford Binet), and a full battery educational evaluation (e.g., Woodcock Johnson, WIAT). If needed, a completed accommodation form *L-15, or *SA 001 is also to be included.
Usual time is 4 hours
Authorize $325.00

*The L-15 and SA 001 are forms to be completed by a psychologist in order to request appropriate accommodation for anyone trying to obtain a GED. Counselors who suspect their clients may need some accommodations will need to send these forms along with the authorization for the LD Evaluation. These completed forms are valid for 12 months.

Psychological, Neuropsychological, Therapeutic Services (CONT'D)

COMBINED LEARNING DISABILITY AND CLINICAL EVALUATION (3056): The purpose of this combination assessment is to address diagnostic formulation and vocational planning needs for client's who present with multiple problem areas and needs. These areas would include DSM Axis I and Axis II psychiatric disorders as well as cognitive, academic, or behavioral problems affecting the acquisition of learning skills. The evaluation is to include a comprehensive psychodiagnostic interview including mental status exam, a full battery cognitive evaluation (e.g. WAIS or Stanford Binet), a full battery educational evaluation (e.g., Woodcock Johnson or WIAT), and any other clinical tools at the examiner's discretion to answer the referral questions. If needed, a completed accommodation form *L-15 or * SA001 is also to be included. **This combined evaluation should be used in lieu of ordering separate CLINICAL (3170) and LEARNING DISABILITY (3052) assessments.**

Usual time is 6 hours
Authorize $450.00

BRIEF NEUROPSYCHOLOGICAL EVALUATION (3167): The purpose of this evaluation is to screen for or update the assessment for Traumatic Brain Injuries (including Open and Closed Head Injuries), various Organic Brain Syndromes regardless of etiology, Amnestic Disorders, ADHD, or Cerebral Vascular Accidents (CVA). The evaluation is to include a diagnostic interview including premorbid history, history of illness and course of treatment, Mini Mental Status Exam (MMSE). Formal testing is to include a screening of global cognitive functioning, attentional mechanisms, memory, visuo-motor, executive, and language, as appropriate to the history or referral questions.
Usual time is 5 Hours
Authorize $375.00

FULL BATTERY NEUROPSYCHOLOGICAL EVALUATION (3167): The purpose of this evaluation is to fully assess Organic Brain Syndromes regardless of etiology. This evaluation should be utilized if OBS is highly suspected or confirmed from available medical records and no other evaluation has been completed within the past year. The evaluation is to include a diagnostic interview including premorbid illness, vocational, educational, psychosocial histories. Formal testing would include full battery Halstead-Reitan, Nebraska Luria or their equivalents, as appropriate to the available history and referral questions.
Usual time is 8 Hours (+)
Authorize $750 as per hospital based agreement.

Please note:
Hospital based clinical assessments are authorized at the fee established by the hospital. ORS has negotiated with RI Hospital and Memorial Hospital to provide neuropsychological testing at the fee of $750.00.

RATES FOR COUNSELING: (Must be state licensed for independent practice)
Psychological Counseling by Ph.D., Ed.D., Psy.D. (4035) (50 minute hour)…$75
Clinical Social Worker by MSW, LICSW, ACSW (4036) (50 minute hour)…$75
Mental Health Counseling by M.A. (4445) (50 minute hour)…$75

Revised 04/15/08

Appendix A

INSTRUCTIONS FOR REQUESTING SIGN LANGUAGE INTERPRETER THROUGH CDHH INTERPRETER REFERRAL SERVICE:

A) CLIENT REFERRALS:

1) A counselor must send a T-Blue form to the fiscal office to request that an authorization be created for sign language interpreting, using the CDHH as the vendor (COMMI002). If a particular interpreter needs to be requested, please indicate this on the T-Blue form. Authorization should be made for the required time at the maximum rate of $50 per hour.
2) The fiscal office will create the authorization letter & fax to the CDHH, therefore, the counselor should **NOT** send out the vendor copy of the authorization letter.
3) CDHH will schedule a vendor on the service date(s) requested and contact the counselor to confirm.
4) CDHH must notify the interpreter of the ORS authorization number and the client's name at the time of engagement acceptance.
5) Following service completion, the interpreter will send their own invoice directly to ORS. The invoice must include the authorization number and client's name before being signed by the counselor for payment approval.
6) The fiscal office will change the authorized vendor to the interpreter and pay them directly, from an MPA release, at the rate charged by that interpreter.

B) STAFF REFERRALS:

1) Since one week before the start of each month, the secretary to the Deaf & Hard of Hearing Unit must create a spreadsheet of all required service dates for the upcoming month and e-mail it to CDHH with a copy to the fiscal office, all requests should be forwarded to her ASAP.
2) The authorization number must be apparent on this spreadsheet and should be the first day of the new month requested (ex. 040103 for all requests in the month of April 2003).
3) The CDHH will schedule vendors for the various dates requested and contact the staff person to confirm appointment(s) for the upcoming month.
4) Following each service completion, the interpreter will send an invoice directly to ORS, referencing the authorization number and staff person's name.
5) The invoice must be approved by the staff person making the request and sent to the fiscal office for payment.
6) The fiscal office will pay the vendor directly through an MPA release, at the rate charged by that interpreter. (MPA #358)
7) A log of all staff requests will be kept in the fiscal office and a reference of each invoice number and payment date will be listed next to each request to ensure no duplicate payments are made.

NOTE: The current statewide cancellation policy of 48 hours in advance is still in effect, so we must pay for services even if an ORS client or staff member did not participate.

Special Services (cont)

Shake-A-Leg
PO Box 1264
Newport, RI 02840
Voice: 849-8898
Email: shake@shakealeg.org
Contact Person: Kristy Hart, PT, Program Director

Shake-A-Leg (Vendor Code – SHAKE001) offers a 5-week summer program called "Body Awareness Therapy Program". The program includes occupational therapy, physical therapy, aquatic therapy, and career counseling. **The fee for service is $1,600 per week.** Authorizations can be made on a weekly basis. **The service code is 4039**. For more information contact Kristy Hart.

Appendix C

ORS/Goodwill Fee Schedule For Training Programs

Fundamentals of Computers Training Program

Non-Degree Training
Code 6011-$3,000

Bill $1500 @ the 3rd week mark

Bill $1,500 @ the 8 week mark

Job Development (611F) - $200
Placement (612F) - $800
Retention (614F) - $800

Bill $200 1st meeting with ES after Training, Resume and Job Development

Bill $800 at Job Placement

Bill $800 at 75 days of Job Retention

Learn to Earn Employment Program **(LEEP)**

Non-Degree Training
$1,250

Bill $625 @ after the 2nd day of program

Bill $625 @ the 2nd week mark

E-Waste Recycling Program

Non-Degree Training
$2,900

Bill $1450 the 2nd week of the program

Bill $1450 at the 7th week of the program

Job Development (611F) - $200
Placement (612F) - $800
Retention (614F) - $800

Bill $200 1st meeting with ES after Training, Resume and Job Development

Bill $800 at Job Placement

Bill $800 at 75 days of Job Retention

Additional Support Services

- **Time Limited Job Coaching**
  Code 6116 $25 an hour
- **Intake Service – client scheduled to start X 2 but does not show**
  Use Eval authorization
  Bill $95
- **Travel Training**
  Code 7110 $45 and $255

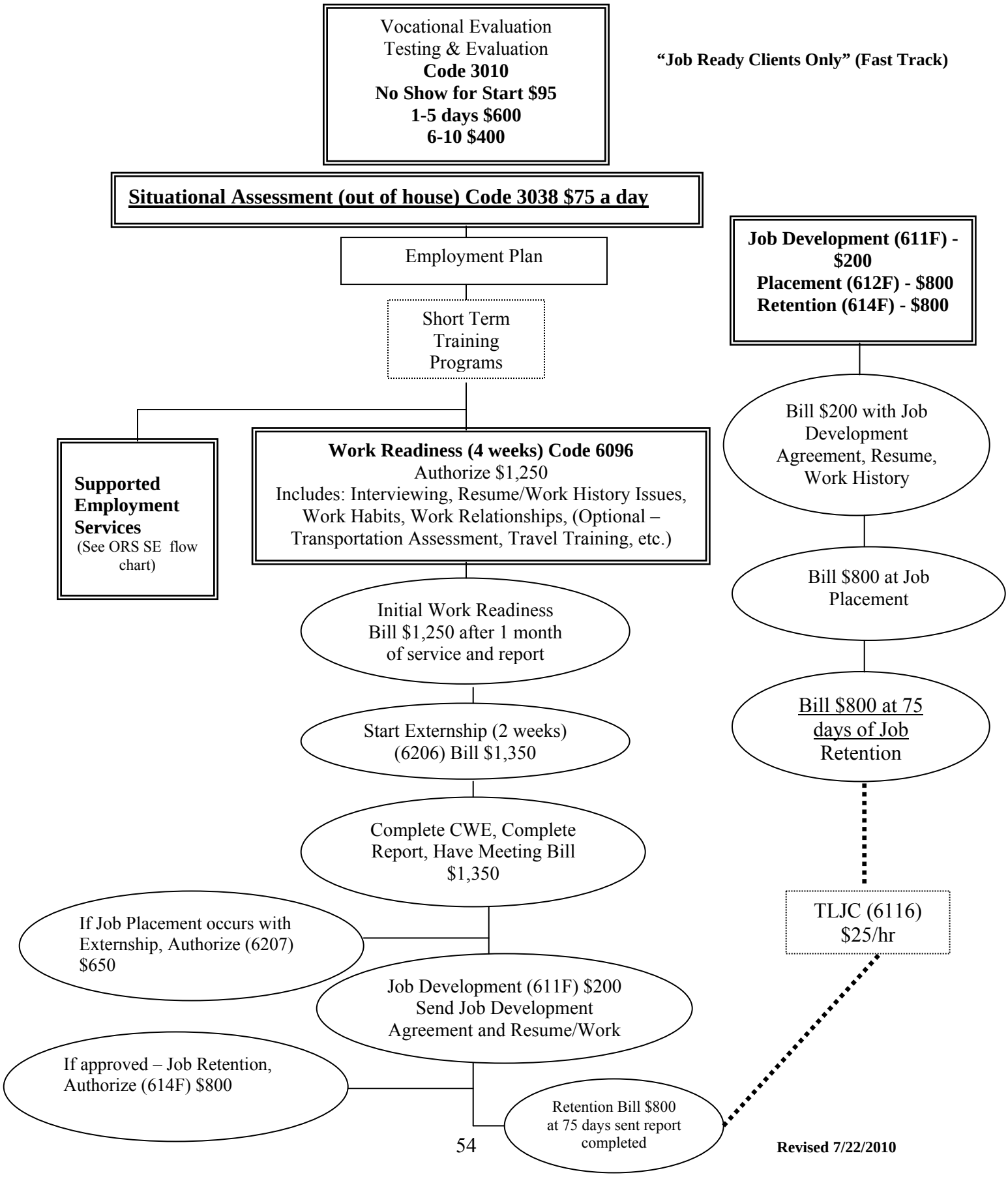
Specialized Programs

- **DARE**
- **Re-entry (TBI)**
- **SBVI – Services for the Visually Impaired**

Vocational Eval
$200 a day
$1000 1 to 5 days
$2000 6 days or more
SAC
$150 a day
Work Prep
$4900
JDP
$2100
Special LEEP Training IDEA for DARE
$2650

Revised 7/22/2010

ORS/Goodwill Fee Schedule
For Employment Services (non-DARE services)



Revised 7/22/2010

Appendix D

Certified Training Programs

The following vendors have been approved by ORS to provide short term training services to our clients. The vendors listed with an asterisk (*) next to their names have also been approved by the two Workforce Investment Areas, GRI and Prov/Cranston as eligible training programs.

Careers in Business Services:

Allied Schools
*Bryant University
*Community College of Rhode Island
*DB Grant Associates
*Family Resources
Goodwill Industries of Rhode Island
*MotoRing Technical Training Institute
National Telecommuting Institute, Inc.
New England Institute of Technology
People In Partnerships, Inc.
*Providence Skills Center **(GRI only**)
*Rhode Island College Outreach Programs
*Roger Williams University Center for Professional Development
*The Center to Advance Minority Participation in the Construction Industry, Inc.
*The Sawyer School
ProMail-computer/office/front office training

Careers in Child Care:

Community College of RI
*The Genesis Center
People In Partnerships, Inc.

Careers in Computer Information Services:

New Horizons
In-Sight
*MotoRing Technical Training Institute
New England Institute of Technology
*Roger Williams University Center for Professional Development
RI Computer Learning Services, LLC
Hi-Tep – Computer training in Spanish

Careers in Construction Trades:

*Amos House Carpentry Training
*Community College of Rhode Island
*MotoRing Technical Training Institute
New England Institute of Technology
*The Center to Advance Minority Participation in the Construction Industry, Inc.
International Yacht Restoration School

Careers in Education:

*Community College of Rhode Island
*The Genesis Center

Careers in Food Services:

*Amos House Culinary Education
*Community College of Rhode Island
People In Partnerships, Inc.
*Rhode Island Community Food Bank
*The Genesis Center
Johnson & Wales
*The Cookie Place

Careers in Health Services:

Allied Schools
American Safety Programs & Training Inc.
Bastien Academy – C.N.A. training
Career Education Institute
*Community College of Rhode Island
Comprehensive Educational Services
Crossroads of Rhode Island
East Bay Medical Educators
Emergency Medical Training
*Family Resources
*Health Care Training Services
Health Training Center
International School for Health Careers
*MotoRing Technical Training Institute
New England Institute of Technology
People In Partnerships, Inc.
Providence Skills Center **(GRI only)**
*Rhode Island College Outreach Programs
*The Genesis Center
*The Sawyer School

Careers as Mechanics/Service Technicians:

*MotoRing Technical Training Institute
New England Institute of Technology.
International Yacht Restoration School

Careers in Personal & Miscellaneous Services:

A New Leaf – training in floral industry
Arthur Angelo School of Hair Design
Costin's Warwick Academy of Beauty
Little Rhody's House of Dog Grooming
Newport School of Hairdressing
Paul Mitchell The School
People In Partnerships, Inc.
Rhode Island Association of Realtors

Rittner's School of Floral Design
Rob Roy Academy
The Center for Universal Reflexology
E-Waste Training—Goodwill Industries
The Sensational Child – retail/customer service training to adults with developmental disabilities
R & D Technologies – computer training for engineers & designers in SolidWorks
The Dog House – Pet grooming

Careers in Precision Production Trades:

*Community College of Rhode Island
Crossroads of Rhode Island
*Ocean State Technical Services-welding training
* Thielsch Engineering – welding training

Careers in Transportation:

Nationwide Tractor Trailer School
*New England Tractor Trailer Training School
Teamsters Local 251 Drivers Training

Miscellaneous Services

Fogarty Center – Custodial Boot Camp

Service Training

GAM Institute for Performance Excellence
Plumbing Apprenticeship at CCRI

Transportation

International Tractor Trailer School (CDL (A & B) Training)

Business Services

Tailor Made Training – Introduction to computers, Microsoft Word, Excel, PowerPoint,

Health Services

Homestead – CNA Training

Revised 10/09

Appendix E

DEPARTMENT OF HUMAN SERVICES
OFFICE OF REHABILITATION SERVICES
40 Fountain Street ~ Providence, RI 02903
401.421.7005 (V) ~ 401.421.7016 (TTY)
"Helping individuals with disabilities to choose, find and keep employment"

WORK READINESS WITH JOB DEVELOPMENT & JOB PLACEMENT

PURPOSE OF SERVICE:

Work Readiness is a new service (replaces Work Preparation) intended to prepare ORS clients for a job. During the **first 4 week**s, the CRP will be authorized **$1,250 (Code: 6096)** to address interviewing, resume/work history issues, work habits and work relationships. During this time, an authorization for a transportation assessment and transportation training can be incorporated as well. After the 4 weeks, it is anticipated that the ORS client will have an opportunity to practice skills through a stipend paid job that is related to his/her interests through an externship/work experience **(length: 10 days).**

STEPS FOR IMPLEMENTATION:

1. ORS Rehabilitation Counselor discusses referral with client, facilitates a signed release of information, completes the ORS Referral Form and generates an authorization (authorization must be signed by ORS supervisor as to rationale for service) for **Work Readiness (6096): $1,250.** Copies of each of these forms are placed in the client's file and a set of originals are forwarded to the vendor.
2. ORS Rehabilitation Counselor authorizes **$1,250 (code: 6096) for 4 weeks of Work Readiness (Serv. Code: 6096).** Authorization must be signed by ORS Supervisor (rationale for service).
   - **Work Readiness includes**: Job Seeking Skills; Interviewing Skills; Appearance/ Hygiene; Barriers to Employment; Interpersonal Skills; Resume'. In cases in which clients only attend a portion of Work Readiness, please pro-rate payment by a weekly amount—which is $312.50 per week.)
   - An Authorization for a Transportation Assessment (Code: 7110; $45.00) can be included as a service provided during the four weeks, if needed. If actual Travel Training is needed, authorize $255 (Code: 7110) for Travel Training, to occur during 4 week Work Readiness.
3. **Externship/Work Experience (2 weeks): $1,350; Code: 6206**. **If clients attend only one week of Externship, please pro-rate payment by weekly amount of $675. If Job Placement occurs as the result of the Externship, an additional $650 (Externship Job Placement—Code 6207) can be authorized to CRP.**
4. **After step #3, a report and meeting with CRP, Rehabilitation Counselor and client is required. (If Job Placement has occurred at this point, Skip to Step#8. (CRP must have provided a Job Placement Report with the Initial Placement Report section** filled in. CRP can bill for services provided so far (i.e., Work Readiness--$1,250; Externship w/job placement ($2,000).

JOB DEVELOPMENT/PLACEMENT/RETENTION (if Job Placement has not occurred as the result of the Externship):

5. ORS Rehabilitation Counselor discusses referral with client, facilitates a signed release of information, completes the ORS Referral Form and generates an authorization. Copies of each of these forms are placed in the client's file and a set of originals are forwarded to the vendor.

6. ORS Rehabilitation Counselor authorizes **$200 for Job Development (611F**) and attaches **Job Development Agreement** with the job goal written in by the ORS Rehabilitation Counselor. Authorization must be signed by ORS supervisor (rationale for service).

- The vendor meets with the client and submits an invoice for reimbursement along with the original Job Development Agreement signed by the vendor & client along with a typed resume/or written work history. The vendor will also send a copy of the resume/work history electronically to ORS Rehabilitation Counselor.

7. Upon receipt of the signed Job Development Agreement and resume/work history, the Rehabilitation Counselor will authorize **Job Placement (Code: 612F): $800**, if client wants to continue working with vendor.

- When the client gets a job consistent with the agreed upon goal, the vendor/Job Developer will send a Job Placement Report with the Initial Placement Report section of the form completed along with an invoice for reimbursement. *

8. If Retention services are needed, the vendor/Job Developer completes the Rationale/ Justification section of the Job Placement Report form.

- **If Rehabilitation Counselor and client agree and ORS Supervisor approves Retention Services, Job Retention (Code 614F): $800 will be authorized. If client does not want or need retention, the service will not be authorized.**
- **The Vendor/Job Developer will fill out the Job Retention Report section of the Job Placement Report and document meetings with the client at least twice/month minimum for a total of 5 meetings by the end of 75 days of employment. Client will date and initial each of 5 reports.**
- Additional support needed beyond 75 days must be authorized by the Rehabilitation Counselor as a Job Coaching (Code: 6006, Rate: $25/hr) service with the associated documentation requirements.

9. The vendor/Job Developer submits the Final Retention Report with each contact signed by the Vendor and the Client at bottom of Job Placement Report and submits an invoice for Job Retention. .

10. The Rehabilitation Counselor closes client in Status 26.

*Job Placement should be the direct result of a Job Developer's efforts. There must also be a current authorization in place in order for Job Development/Job Placement to be paid for. If a Situational Assessment in the Community (assessment services) result in employment for a client, an Individualized Plan for Employment must be developed with the client and ORS counselor, and Retention Services can be considered. If Retention Services are needed and approved by ORS Supervisor, they may be authorized.

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"Helping individuals with disabilities to choose, find and keep employment"

COMMUNITY REHABILIATION PROVIDER: JOB DEVELOPMENT, PLACEMENT and RETENTION (Non-Supported)

PURPOSE: To provide clients with assistance with Job Development and Job Placement (as well as Retention services when needed), that are consistent with the individual's specific job goal, which is consistent with the individual's strengths, abilities, preferences, and service needs.

The ORS Counselor works with clients who are job-ready and in need of Job Development services. These services are to be provided by CRP's only when ORS counselors have issued an authorization for needed services.

STEPS TO IMPLEMENTATION:

1. ORS Rehabilitation Counselor discusses referral with client, facilitates a signed release of information, completes the ORS Referral Form and generates an authorization (authorization must be signed by ORS supervisor as to rationale for service). Copies of each of these forms are placed in the client's file and a set of originals are forwarded to the vendor.
2. ORS Rehabilitation Counselor authorizes **$200 for Job Development (611F)** and attaches Job Development Agreement with the job goal written in by the ORS Rehabilitation Counselor. Authorization must be signed by ORS Supervisor (rationale for service). *
   - The vendor meets with the client and submits an invoice for reimbursement along with the original Job Development Agreement signed by the vendor & client along with a typed resume/or written work history. The vendor will also send a copy of the resume/ work history electronically to ORS Rehabilitation Counselor.
   - Upon receipt of the signed Job Development Agreement and resume/work history, the Rehabilitation Counselor will authorize **Job Placement (612F) - $800, if client wants to continue working with vendor.**
3. When the client gets a job consistent with the agreed upon goal, the vendor/Job Developer will send a Job Placement Report with the Initial Placement Report section of the form completed along with an invoice for reimbursement.
4. **If Retention services are needed, the vendor/Job Developer completes the Rationale/ Justification section of the Job Placement Report form.**
5. **If Rehabilitation Counselor and client agree, and ORS Supervisor approves Job Retention Services, Job Retention (Code 614F): $800** will **be authorized. If client does not want or need retention, the service will not be authorized.**
6. **The Vendor/Job Developer will fill out the Job Retention Report section of the Job Placement Report and document meetings with the client at least twice/month**

minimum for a total of 5 meetings by the end of 75 days of employment. Client will date and initial each of 5 reports.*

7. Additional support needed beyond 75 days must be authorized by the Rehabilitation Counselor as a Job Coaching (Code 6116, Rate$25/hr) service with the associated documentation requirements.
8. **The vendor/Job Developer submits the Final Retention Report with each contact signed by the Vendor and the Client at bottom of Job Placement Report and submits an invoice for Job Retention**.
9. The Rehabilitation Counselor closes client in Status 26.

*Job Placement should be the direct result of a Job Developer's efforts. There must also be a current authorization in place in order for Job Development/Job Placement to be paid for. If a Situational Assessment in the Community (assessment services) result in employment for a client, an Individualized Plan for Employment must be developed with the client and ORS counselor, and Retention Services can be considered. If Retention Services are needed and approved by ORS Supervisor, they may be authorized.

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JOB DEVELOPMENT AGREEMENT

Date:_____

To: _____
Rehabilitation Counselor

From: _____
Job Developer/Placement Provider (Agency & Job Developer)

Re:_____
Name of Client

The above-named person has been interviewed and accepted for Job Development. All parties agree that the job goal of: _____(ORS Counselor fills in this goal), written in the IPE, and is the focus of the job search. Counselor needs to approve any change in job goals. In the event that the IPE requires amendment, the Provider will facilitate a meeting among all parties (the Client, ORS Counselor, and JDP Provider) related to the proposed amendment.
The ORS client agrees to participate fully in his/her job search. Client satisfaction with the job and services related to securing the job is expected.

Job Developer will contact ORS Counselor monthly to report progress toward securing employment. Resume or sample application will be forwarded within 30 days. Payment for Job Development will be initiated by the ORS Counselor upon receipt of acceptance of this Agreement, typed resume, and invoice.

_____
Counselor Date

_____
Customer Date

_____
CRP Date

ORS-151
4/20/10

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Job Placement Reports (Job Placement Must Match Job Dev. Agreement Goal)

INITIAL PLACEMENT REPORT TO ORS REPORT DATE: _____
FINAL PLACEMENT REPORT TO ORS REPORT DATE: _____

JDP Vendor: _____ ORS Counselor:_____

Client: _____Address:_____ Phone#: _____

Placement Type (Circle): Full Time Part Time Temporary Permanent

Company Name & Address: _____

_____

Job Title: _____ Responsibilities: _____

_____

_____

Start Date: _____ Schedule (Days & Hours): _____

Salary/Hour: _____ Benefits: _____

Comments:_____

*Salary/Hours/after 75days:

INITIAL PLACEMENT REPORT:
To be completed at placement and submitted with bill. Document the dates & activities that resulted in employment. Include rationale/justification for need for retention services.

1.

2.

3.

4.

***JOB RETENTION REPORT** : To be completed at end of 75 days employment period and submitted with bill. Report outlining what services were provided during this period to help the individual maintain the job, and any wage increases that may have occurred since initial hire. Must include at least two contacts per month with client (if client wishes off-site support, this will be done, rather than on-site) during day period. Job Developer will meet with client 2 x month (minimum), total of 5 meetings leading tot 75 days of employment. Please list dates and times of Retention Meetings, and have client initial..

1. Date/Time: _____ Client's Initials_____

2. Date/Time: _____ Client's Initials_____

3. Date/Time: _____ Client's Initials_____

4. Date/Time:_____ Client's Initials_____

5. Date/Time:_____ Client's Initials_____

Initial Placement Vendor Signature/Date: _____Client Signature/Date_____

Final Placement Vendor Signature/Date: _____Client Signature/Date_____

Revised 2/15/2010