Dear Applicant:

Thank you for your interest in becoming a Department of Education, Division of Vocational Rehabilitation (VR) Work Incentive Planning and Assistance Provider (WIPA). WIPA providers work with VR customers that are SSA beneficiaries by providing work incentive planning and assistance services. In order to be eligible for registration, potential providers must be authorized by the VR Vendor Registration Unit. Additionally, all potential providers must first register in MyFlorida Market Place (MFMP) and submit a substitute W-9 to the Department of Financial Services via the State of Florida Vendor Website.

Please read all the instructions included in the application package carefully and complete each item as requested. Incomplete applications will result in process delays and possible denial. If you have any questions regarding the application package or process, please contact the Vendor Registration Unit at 866-580-7438 or 850-245-3401 or via email at VRVendors@vr.fldoe.org.

Please mail or fax completed applications and all required documentation to:

Division of Vocational Rehabilitation
Vendor Registration Unit
325 West Gaines Street, Suite 1144
Tallahassee, FL 32399-0400
Fax Number: 850-245-3394

Thank you for your commitment to helping people with disabilities find and maintain employment and enhance their independence. We look forward to working with you.

Division of Vocational Rehabilitation
Vendor Registration Unit

Enclosures: WIPA Application

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VENDOR INFORMATION
MYFLORIDA MARKET PLACE (Federal Tax ID) NUMBER:
* EMPLOYER NAME:
CONTACT PERSON'S NAME:
* MAILING ADDRESS:
City:
State:
Zip Code + Four Digits:
* REMITTANCE ADDRESS:
City:
State:
Zip Code + Four Digits:
PRIMARY TELEPHONE NUMBER:
FAX NUMBER:
CONTACT NAME:
CONTACT PHONE NUMBER:
EMAIL ADDRESS:

* This information should be the same reflected in MFMP and on your registration with the Department of State, Division of Corporations

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PLEASE LIST LOCATIONS WHERE CUSTOMERS WILL BE SERVED (Attach additional pages as necessary)
LOCATION 1: STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
LOCATION 2: STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
LOCATION 3: STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
Is each location fully accessible to persons with disabilities? YES ◯ NO ◯

OTHER LANGUAGES
Could you assist customers in other languages? YES ◯ NO ◯
Please mark all applicable: ☐ American Sign Language ☐ Spanish ☐ Creole ☐ Other (Please specify below)

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WORK INCENTIVE PLANNING AND ASSISTANCE (WIPA) REQUIREMENTS

Applicant is required to submit a copy of certificate of successful completion for at least one (1) Community Work Incentives Coordinator (CWIC), or Community Partner Work Incentives Counselor (CPWIC) from the institution below:

☐ Virginia Commonwealth University

☐ Cornell University

Are you currently employed by a Social Security Administration (SSA) Grant Funded WIPA Project?

◯ YES
◯ NO

If yes, do you work full-time or part-time on the SSA Grant Funded WIPA Project?

☐ Full-Time
☐ Part-Time

NOTE: The applicant is required to undergo a level 2 background screening per sections 413.208 and 435.04, Florida Statutes. Instructions on how to obtain the screening through the AHCA Care Provider Background Screening Clearinghouse will be sent by the Vendor Registration office once preliminary qualifications are approved.

IS YOUR APPLICATION COMPLETE

☐ Security of Client Information Requirements document signed
☐ WIPA Provider Performance Expectations and Requirements document signed
☐ List of areas and counties where services will be provided
☐ Sample Benefits Summary and Analysis (with Personal Identifiable Information removed)

Please mail, email or fax this application and all required documents to:

Florida Department of Education
Division of Vocational Rehabilitation
Vendor Registration Unit
325 West Gaines Street, Suite 1144
Tallahassee, Florida 32399-0400
Fax Number: 850-245-3394
Email: VRVendors@vr.fldoe.org

If you have any questions that pertain to this application, please contact the Vendor Registration Unit at 866-580-7438, or 850-245-3401.

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CONFIDENTIALITY

Access to a VR customer's confidential information must be safeguarded at all times. Such information shall not be used or disclosed for any purpose not in conformity with State and Federal Laws and Regulations without written consent of the customer or their parent, guardian, or other authorized representative.

BACKGROUND SCREENING REQUIREMENTS

Upon pre-approval of this application, you will be sent instructions regarding registration in the AHCA Care Provider Background Screening Clearinghouse web portal. Your registration will remain in "Pending" status until your screening is approved.

The Administrator, Financial Officer, Director, and any person employed by the provider who is expected to have direct face-to-face contact with Vocational Rehabilitation customers while providing services to those individuals, must undergo a Level 2 background screening per sections 413.208 and 435.04, Florida Statutes. Instructions on how to obtain the screening through the AHCA Care Provider Background Screening Clearinghouse will be sent by the Vendor Registration office once preliminary qualifications are approved.

PLEASE READ AND SIGN BELOW

I hereby acknowledge I am authorized to make application on behalf of the Provider to become an approved Work Incentive Planning and Assistance Provider. I further acknowledge that I have read and agree to be bound by the terms of registration outlined in this application and in section, 413.208, Florida Statutes. I acknowledge that the Provider is subject at all times to a due-diligence inquiry as to its fitness to undertake service responsibilities, and that the Provider's registration may be suspended pending such inquiry. If approved, we agree to accept and render services to customers of the Division of Vocational Rehabilitation (VR) on a non-discriminatory basis without regard to race, color, religion, sex, national origin, age, disability, political affiliation or belief.

Printed Name of Authorized Agent:
Date:
Signature:

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SECURITY OF CLIENT INFORMATION REQUIREMENTS

- At a minimum, the CWIC/CPWICs will safeguard the State Agency's information and the State Agency will safeguard Social Security Administration (SSA) information as follows:

    - Access to the SSA records of any Vocational Rehabilitation customers will be restricted to only the certified CWIC/CPWICs, except for persons previously approved by the SSA to view confidential consumer information.
    - The records will be stored in an area that is physically safe and secure from access by unauthorized persons during duty hours, as well as non-duty hours, or when not in use.
    - The information will be processed only by certified CWIC/CPWICs and in a manner which will protect the confidentiality of the records, and in such a way that unauthorized persons cannot retrieve any such information by means of computer, remote terminal, or other means.
    - Documentation of services provided by the CWIC/CPWICs will be sent directly from the CWIC/CPWIC to the appropriate Vocational Rehabilitation staff person by fax or mail only.
    - Without the written consent of the subject beneficiary, no information is to be disclosed either verbally or in writing to any person other than the CWIC/CPWIC and VR staff for any reason.
    - The Division of Vocational Rehabilitation has the right to conduct on-site audits to ensure compliance with the above.

- Non-compliance with these rules may result in the non-compliant CWIC/CPWICs losing the vendor agreement to provide WIPA services for Vocational Rehabilitation.

The authorized WIPA Provider below has read and understands the above security of client information requirements and agrees to comply.

_____

Print or type name of authorized WIPA provider

_____ _____

WIPA Provider signature Date

WIPA Provider Performance Expectations and Requirements

I. Providers will ensure that all Ticket-holder data (all formats including but not limited to electronic or hard-copy) is accessed, used, maintained and secured in a confidential manner and only by fully certified CWIC/CPWIC staff with full certification (provisional certification is not acceptable). A provider is restricted from re-disclosure of any SSA Ticket-holder data to anyone except the Ticket-holder, SSA and DVR.

II. Providers shall ensure that all referrals are handled by fully certified CWIC/CPWIC only. A CWIC/CPWIC should only accept coverage of a County if he or she can accommodate the referrals in a timely and effective manner.

III. Providers will ensure that referral confirmations are returned timely (within 15 days of referral).

IV. Providers will ensure that referrals are handled in a timely manner (within 45 days of receipt of referral).

V. Providers will ensure that services are provided on an individualized basis and each Ticket-holder is provided individualized assistance. Deliverables should reflect that each Ticket-holder is given complete and accurate services by the certified CWIC/CPWIC listed as the Provider Name on the WIPA referral form and authorization and billing invoice. A CWIC/CPWIC cannot transfer a referral to another CWIC/CPWIC. If CWIC/CPWIC on the referral cannot perform services, then the referral must be declined and sent to DVR staff.

VI. Providers must ensure that all deliverables are complete and accurate as well as consistent with recommended standard formats.

VII. Providers will ensure that Ticket-holders are encouraged to pursue the highest level of competitive full-time employment. Ticket-holders should be discouraged from the practice of intentionally working at or below Substantial Gainful Activity (SGA) for the purpose of maintaining benefits, except under rare circumstances. This does not imply that Ticket-holders should be counseled to engage in employment that the Ticket-holder cannot realistically achieve. Ticket-holders have a right and choice to pursue self-sufficiency as the Ticket to Work (TTW) Program is voluntary and not for every SSA Ticket-holder.

WIPA Provider Performance Expectations and Requirements (cont.)

VIII. Providers are encouraged to participate in DVR orientations and initial interviews to assist DVR staff in establishing a need for Ticket-holders to accept and participate in WIPA services.

IX. Providers must maintain at least an average level of proficiency in provision of services. Proficiency will be measured with a Quality Assurance Review; which will be conducted by DVR program staff.

X. Providers will collaborate with VR staff to ensure resources are available to effectively communicate with consumers whose primary language is not English.

XI. While DVR may initiate a Benefits Planning Query (BPQY) request, the primary responsibility for securing a BPQY rests with the WIPA Provider.

XII. CWIC/CPWIC must notify DVR immediately of any change that would affect his or her ability to effectively and timely provide WIPA services, such as a CWIC/CPWIC leaving the agency where serving as a WIPA provider.

XIII. Permitting persons who are not fully certified CWIC/CPWICs to access, use, maintain, or secure any DVR referral information will constitute a violation and will result in the loss of vendor agreement. Persons who are not fully certified CWIC/CPWICs are not permitted to provide any WIPA services under this agreement.

XIV. Non-compliance with these rules may result in the non-compliant CWIC/CPWIC losing the vendor agreement to provide WIPA services for Vocational Rehabilitation.

XV. An agency that also serves as a SSA grant funded WIPA project will identify the CWIC/CPWICs who will be providing WIPA services under the VR fee-for-service program. The agency must maintain very clear lines regarding staffing allotments and time. Specifically, the agency's CWIC/CPWICs may accept VR fee-for-service referrals, but any staff time spent working on those referrals cannot also be charged to the SSA WIPA grant. SSA grant funded WIPA services are provided at no cost. For example, if the agency employs a CWIC/CPWIC whose time is billed 100% to the SSA WIPA grant, that individual cannot also provide services to VR via the fee-for-service program. If the provider employs a CWIC/CPWIC whose time is charged to the WIPA grant at 50% (.5 FTE), then the CWIC/CPWIC could provide services on VR fee-for-service referrals for the other 50% of their time.

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WIPA Provider Performance Expectations and Requirements (cont.)

XVI. VR will not be held responsible is a SSA grant funded WIPA project is in violation of SSA rules or agreements resulting from the agency's participation in the VR fee-for-service program.

XVII. If a CWIC/CPWIC can no longer provide WIPA services, outstanding referrals must be completed or cancelled by contact DVR staff. This must be handled before future WIPA services applications can be accepted from the CWIC/CPWIC.

XVIII. CWIC/CPWICs must maintain certification with issuing institution. CWIC/CPWIC is fully responsible for providing DVR staff with recertification documentation in a timely manner.

XIX. If certification is not maintained, then CWIC/CPWICs are not permitted to provide any WIPA services under this agreement.

XX. A CWIC/CPWIC cannot transfer a referral to another CWIC/CPWIC. If CWIC/CPWIC on the referral cannot perform services, then the referral must be declined and sent to DVR staff.

The authorized WIPA Representative below has read and understands the above performance expectations and requirements and agrees _____ (CWIC/CPWIC) to comply with the same.

_____

Print or type name of authorized WIPA provider

_____ _____

WIPA Provider signature Date

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DOE/VR AREAS & COUNTIES WHERE SERVICES WILL BE PROVIDED

Vendor Name: **FEIN #:**

_____ _____

Name of Authorized Representative: _____

Signature: _____

*** Check all that apply:**

☐ Area One	☐ Area Two	☐ Area Three	☐ Area Four	☐ Area Five	☐ Area Six
☐ Escambia	☐ Columbia	☐ Lake	☐ Pinellas	☐ Charlotte	☐ Miami-Dade
☐ Santa Rosa	☐ Union	☐ Sumter	☐ Hillsborough	☐ Lee	☐ Monroe
☐ Okaloosa	☐ Gilchrist	☐ Seminole	☐ Hernando	☐ Collier	
☐ Walton	☐ Dixie	☐ Orange	☐ Pasco	☐ Hendry	
☐ Holmes	☐ Clay	☐ Osceola		☐ Glades	☐ **Area Seven**
☐ Jackson	☐ St. Johns	☐ Brevard		☐ Manatee	☐ Palm Beach
☐ Washington	☐ Nassau	☐ Polk		☐ Sarasota	☐ Broward
☐ Calhoun	☐ Baker	☐ Hardee			
☐ Liberty	☐ Putnam	☐ DeSoto			
☐ Bay	☐ Duval	☐ Highlands			
☐ Gulf	☐ Alachua	☐ Indian River			
☐ Franklin	☐ Bradford	☐ St. Lucie			
☐ Gadsden	☐ Levy	☐ Martin			
☐ Leon	☐ Marion	☐Okeechobee			
☐ Wakulla	☐ Citrus				
☐ Jefferson	☐ Flagler				
☐ Madison	☐ Volusia				
☐ Hamilton					
☐ Taylor					
☐ Suwanee					
☐ Lafayette					

Requirements for Writing a Benefits Summary and Analysis (BS&A)

- The BS&A must contain a description of the various types of public benefits received, the verified amount(s) of the cash benefit(s), and the means through which benefits were verified (i.e., BPQY, benefits verified through the internet, etc.).
- A section on employment plans or goals must be included. If the beneficiary is unclear about the work goal, ask for a general idea about type of work, estimated hourly wage, and number of hours the person expects to work each week. Refer the beneficiary to the VR Counselor for more help with developing the goal.
- The BS&A must include all of the relevant work incentive issues that would apply to the individual. It is NOT appropriate merely to identify a work incentive and direct the beneficiary to look in the Red Book on a certain page for more information. It is NOT appropriate to simply state that a work incentive "does not apply because the beneficiary is not working." It is NOT appropriate to attach a VCU Briefing Paper intended to educate CWIC/CPWICs, and direct the beneficiary to read that instead of providing customized work incentives information.
- Work incentives information must be specific and tailored to the beneficiary's current OR anticipated work goal. There should be no "cookie cutter" BS&As. Examples should be provided to explain the way these work incentives would apply in the beneficiary's particular circumstances.
- Information must be organized and presented in a way that is clear and concise. It must be written in a way that is easy for beneficiaries to understand. Stay away from technical terms and acronyms. Avoid flowery language and jargon. The document must also contain complete sentences and paragraphs, correct grammar and punctuation, correctly spelled words, etc. If English is a second language to the CWIC/CPWIC, the vendor may wish to have another CWIC/CPWIC review the document prior to submission.
- If problems are identified in the BS&A, then the CWIC/CPWIC must advise the beneficiary about solutions. Examples of problems could be unreported earnings, work incentives not identified as used but are applicable, improper calculation of earnings (sick or vacation pay included), excess resources, garnishments, overpayments, etc. It is not, for example, good enough to state simply that the beneficiary needs to report all earnings to SSA. The BS&A must then go on to explain how to report the earnings.

Requirements for Writing a Benefits Summary and Analysis (BS&A) (cont.)

- The BS&A must address how work would affect other benefits, including but not limited to Food Stamps (SNAP), Temporary Aid to Needy Families (TANF), Unemployment Insurance, Workers' Comp., HUD Housing, Veterans benefits, etc. The information must be specific to the State of Florida, not just general federal rules information. This information must be specific to that individual, and the benefits that the individual has. If he/she does not have any of these benefits, then it can be left out. This can only be determined by completing a thorough intake that addresses all benefits. All benefits must be verified before specific information is provided, and information should be included indicating how the benefits were verified.
- The BS&A must include information about how earnings will affect various types of healthcare coverage. This includes Extended Period of Medicare Coverage and all parts of Medicare, including low income Part D subsidy and Associated Medicare savings programs such as QMB, SLMB, QI, etc. It also includes all Medicaid eligibility programs. This information must be state specific and include all types of Medicaid the beneficiary may be eligible for, including all HCBS Waivers.
- The CWIC/CPWIC must address any future events that the beneficiary needs to be aware of – such as marriage penalties, establishing insured status for Title II benefits, etc.
- The BS&A must include specific recommendations or advise about what course of action a beneficiary should take, work incentives to claim, how to avoid problems, etc.
- The CWIC/CPWIC must explain how he/she will be involved in any of the activity described in the BS&A. For example, if the beneficiary has been overpaid, the CWIC/CPWIC must explain what he/she can do to help resolve the issue. This includes letting the beneficiary know about further services that are available for the beneficiary by referral from VR.
- The BS&A must include SSI calculation sheets and/or TWP/EPE tracking sheets to illustrate the narrative contained in the BS&A. These sheets should be completed by the CWIC/CPWIC, even if there is no work activity to record. An example based on the beneficiary's employment goal should be used. These calculation sheets cannot be blank, with a suggestion that the beneficiary complete these sheets himself/herself. A bottom line comparison of income must be included.
- The BS&A must include a place for the CWIC/CPWIC to sign the document, along with a statement indicating that by signing the BS&A, the CWIC/CPWIC is stating that a copy of the document has been provided to the beneficiary, and that the CWIC/CPWIC has reviewed the information with the beneficiary, either face-to-face or by phone contact.

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Benefits Summary & Analysis
(Structure of Information)

Beneficiary Name: **Date:**

Summary of your Current Benefits Situation

What I have verified about your current benefits with Social Security and other agencies (as needed):

What you told me about your current employment situation (including average monthly wages) and/or your future employment plans and earnings goals:

Analysis of How Employment May Affect Your Benefits

How your employment situation and/or plans may affect your Social Security cash benefits:

How your employment situation and/or plans may affect your health insurance (Medicare and/or Medicaid):

How your employment situation and/or plans may affect other benefits you receive (SNAP, HUD rental subsidies, etc.):

Employment Services and Supports You Might Need

Benefits Issues

Other Important Items

Issues Requiring Immediate Action:

Important dates or deadlines:

Recordkeeping reminders:

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Remember that it is your responsibility to promptly report all relevant changes to the Social Security Administration and any other federal, state, or local entity administering benefits you receive!

Using this Report

You should keep this report and refer back to it when you have questions about how your employment plans may affect your Social Security benefits, associated health insurance, and any other federal, state, or local benefits. It is also important for you to share this report with other people who are helping you achieve your employment goals.

The information contained in this report is intended to help you make informed choices about important life issues that may affect your Social Security and/or other public assistance benefits. The accuracy of the information and advice contained in this report is dependent upon:

1. The accuracy and completeness of the information you provided about your current and past benefits status;
2. The accuracy and completeness of the information you provided about relevant factors such as current and past earnings, unearned income, resources, disability status/medical condition, marital status, and living arrangements;
3. Current laws and regulations governing the effect of employment and other factors on Social Security disability benefits and other federal benefits; and
4. Current Social Security Administration policies and procedures regarding the use of applicable work incentives.

Changes in the factors described above may seriously affect the accuracy of the information provided in this correspondence. Please contact your work incentives counselor immediately to discuss any changes in your benefits situation, employment plans, or to answer any additional questions you have about how employment may affect your benefits!

CWIC/CPWIC Signature: _____ Date: _____

NOTE: By signing this Benefits Summary & Analysis report, the work incentives counselor is verifying that a copy of this report has been provided to and reviewed with the beneficiary.