TEXAS WORKFORCE SOLUTIONS

Texas Workforce Commission
Vocational Rehabilitation Services

Employment Supports for Brain Injury Provider Information and Acknowledgments

Instructions:

- For response to an Electronic State Business Daily (ESBD) posting, follow the instructions in the ESBD posting. All sections must be completed at application.
- For updates to information on file with TWC, record the required information and obtain signatures. Submit updated forms to the assigned contract manager and state office program specialist.
- Type all information on the form using a computer and get all required signatures.
- Complete all sections of the form. Record "N/A" (not applicable) if a question does not apply.
- Keep a copy of the completed application, attachments, and supporting documentation for your records.

Reason for Submission

Date of submission:

☐ Application package **Solicitation ID**

☐ Update of information due to change in information on file, for example, qualifications change

☐ Other—Specify:

Entity's Information

Entity: The business that is requesting or has been granted the bilateral contract with TWC to provide services on behalf of VR customers.

Entity's legal name:

Entity's "doing business as" (DBA) name:

Provide at least one of the following:

Employer Identification Number (EIN) (9 digits, issued by IRS):

Last four digits of the sole proprietor's Social Security number:

Description of Program

Describe the entity's mission or vision, goals, setting, length of time in operation, and any other pertinent information.

Describe how the entity will implement services to TWC-VR customers using the Employment Supports for Brain Injury (ESBI) model that integrates therapeutic and employment needs of VR customers.

Describe the entity's experience providing services to individuals with brain injuries.

Describe the entity's experience working with secondary disabilities often associated with brain injuries.

Describe the entity's scope and experience of working with individuals with disabilities in obtaining and/or supporting employment.

How will the entity deliver TWC-VR employment services as defined in the VR Standards for Providers (VR SFP) (such as Supported Employment, Job Skills Training, and Work Experience Services)?

- ◯ Obtain a separate TWC-VR Employment Services contract and hire or subcontract with qualified staff to deliver the services. Note: Must apply to a separate open enrollment to obtain a contract.
- ◯ Enter into a partnership with an existing TWC-VR Employment Services contractor. Note: The roles and responsibilities of each partner must be outlined in a document signed by all parties and provided to TWC-VR.

Name of the Employment Services Contractor(s):

What services does the Employment Services Contractor have qualified staff for and will be providing to ESBI customers:

Describe the therapeutic services to be provided by the entity.

Describe how the entity will coordinate individualized and multidisciplinary teams while integrating both the therapeutic and employment needs/services for each VR customer as outlined in a customer's Individualized Program Plan.

Describe the role of a case manager and how case management services will be provided for customers.

Describe what roles and responsibilities case management will have in the management of the Individualized Program Plan.

Describe the entity's business model and how professional staff will deliver services to TWC-VR customers.

Additional information, as applicable:

Acknowledgments and Signature			
I, the legally authorized representative of the entity, certify the following:			
• The entity understands they must follow the Employment Supports for Brain Injury (ESBI) model that integrates therapeutic and employment needs of VR customers;	◯ Yes	◯ No	
• The entity has a formal written agreement with a TWC-VR Employment Services contractor that outlines the partnership or subcontracting relationship that will allow for ESBI customers to receive employment related services;	◯ Yes	◯ No	
• The entity has or is applying for a TWC-VR Employment Services contract that will allow for ESBI customers to receive employment related services	◯ Yes	◯ No	
• The entity has attached a copy of all letters of agreements between entity and TWC-VR Employment Service contractor(s) with the form.	◯ Yes	◯ No	
• The entity has read VR SFP Chapter 3, Chapter 21, and any other applicable chapters and agrees to comply.	◯ Yes	◯ No	
• The entity is current and acknowledges that it must maintain its registration or licensure, with one or more of the following, as applicable, and as required by Texas law ○ Home and Community Support Service Agencies (HCSSA) ○ The Texas Board of Physical Therapy and Occupational Examiners ○ Facility Registration ○ Assisted living facility (ALF) ○ Health facility-required Qualifications	◯ Yes	◯ No	
• A copy(ies) of current registration(s) or licensure(s) listed above are attached.	◯ Yes	◯ No	
• All staff members meet the qualifications and training required by the provider's license, registration, credential, and/or SFP and are maintained per applicable regulations and requirements at time of application and thereafter.	◯ Yes	◯ No	
• The entity acknowledges that they have a designated director as prescribed in VR-SFP 3.4.2 Director. The Director does not have to have the UNTWISE Director Credential.	◯ Yes	◯ No	
• If a residential Employment Supports for Brain Injury (ESBI) provider maintains accreditation from: ○ the Commission on Accreditation of Rehabilitation Facilities; or ○ the Joint Commission (accreditation of health care organizations);	◯ Yes	◯ No	◯ N/A
• A copy(ies) of current Accreditation(s) or written exemption attached.	◯ Yes	◯ No	◯ N/A
• All staff members providing ESBI to TWC-VR customers meet the staff qualifications as described in VR SFP Chapter 21, Section 21.2.1 Licensed and Certified Professional.	◯ Yes	◯ No	◯ N/A
• The entity will use each customer's comparable benefits before billing the TWC-VR program.	◯ Yes	◯ No	◯ N/A
Legally authorized representative's printed name:	**Title:**		

Legally authorized representative's signature:	Date:
X	
Agency Use Only Comments:	