

Instructions for completing the Pre-Approval Form to receive reimbursement for Training or Certification for Supported Employment.

To be eligible for reimbursement, a provider will need to be actively providing Individualized Supported Employment services through the Division of Vocational Rehabilitation (DVR) or Department of Health Care Policy & Financing (Department) Home and Community-Based Services (HCBS) Medicaid Waivers. Reimbursement rates include all costs of the training and/or certification and staff wages while completing training/certification requirements.

Training will be reimbursed up to \$1,200.00 per person

Certification will be reimbursed up to \$300.00 per person

If you have questions or concerns at any point in the process, please contact us at hcpf_supported.employment@state.co.us.

Follow these steps to complete the form:

Provider Contact Information

1. Enter the agency's legal name.
2. If the agency's legal name is different than the name used publicly, include the public name in the Doing Business As (DBA) field.
3. Enter the application submission date.
4. Enter the agency primary contact, including name, phone number, and email address.
5. Indicate if the agency is an active DVR Vendor, and if yes, enter the vendor number.
6. Indicate if the agency is an HCBS Medicaid Waiver Service Provider, and if yes, include the EIN number.
7. If the agency is both a vendor for DVR and an HCBS Medicaid Service Provider, provide information for both.

If the agency is not a DVR Vendor or an HCBS Medicaid Service Provider, stop here and please contact us for assistance: hcpf_supported.employment@state.co.us

Training or Certification

1. Choose the name of the training from the dropdown list. Include the date you expect to complete the training.
2. If the desired training is not listed, check the box “Other” and enter the name of the training for which approval is requested.

Check the box “**Attach Supporting Documents**”. Include detailed documentation for the training. Documentation, which must include evidence that:

- The training is nationally recognized
 - Includes standards that are set and approved by relevant industry groups and/or governing bodies nationwide; and
- The training curriculum includes detailed documentation of competencies addressed. At a minimum the following must be included:
 - Career and Assessment Planning
 - Core Values and Principles of Supported Employment
 - Employment Engagement
 - Individualized Job Development
 - Individualized Job Coaching
 - Person-Centered Team Approach

3. Choose the name of the Certification from the dropdown list. Include the expected date of completion for the certification.

4. If the desired certification is not listed, check the box “Other” and include the name of the certification for which approval is requested.

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 - Includes standards that are set and approved by relevant industry groups and/or governing bodies nationwide; and
- The training curriculum includes detailed documentation of competencies addressed. At a minimum the following must be included:
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- Employment Engagement
- Individualized Job Development
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- Person-Centered Team Approach
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Attachments

- Check the box and attach a current W-9
- If you have indicated “Other” to the Training and/or Certification, check the box and attach documentation.
- Submit the completed Pre-Approval Form, the W-9 and any additional attachments to: hcpf_supported.employment@state.co.us .

Terms and Conditions

To ensure statewide access to training funds, the Colorado Department of Health Care Policy & Financing and the Colorado Department of Labor and Employment - Division of Vocational Rehabilitation (DVR) is currently allowing **only one training and/or certification** per HCBS Medicaid Service Provider, or DVR Vendor.

Within 30 calendar days of the date of submission, you will receive a letter stating whether reimbursement has been approved or denied. If approved, the letter will include a date the approval will expire. If reimbursement is denied, the letter will include the reason for the denial.

If approved, you must **email evidence of completion of the training and/or certification** to the Department before the approval expiration date identified in the approval letter. If your training/certification occurs during June, you must submit your completion documents for reimbursement by June 30, the end of the state fiscal year.

If you need an extension to complete the training or to submit completion documents, you must get approval of the extension **BEFORE** the approval expiration date. **If you miss the deadline and do not have an extension, you will not be reimbursed.**

Once we have evidence of successful completion, you will receive reimbursement within 30 days.

If you have any question about this process or about how to complete this form please contact us at hcpf_supported.employment@state.co.us.

For additional information or to download and submit the pre-approval form please go to www.colorado.gov/hcpf/supported-employment-program.