



Ohio Administrative Code

Rule 3304-2-53 Qualifications and standards for service providers and vendors.

Effective: July 28, 2025

(A) Except for service providers who provide only interpreting, rehabilitation technology, work incentive planning and coordination, pre-employment transition services (pre-ets), or transportation services; vocational rehabilitation (VR) service providers must have preliminary or final accreditation or certification by at least one of the following entities to provide VR fee schedule services:

(1) The commission on accreditation of rehabilitation facilities (CARF) so long as the accreditation is for any one of the following categories of VR service;

(a) Community employment services (CES);

(b) Comprehensive vocational evaluation (CVE);

(c) Community integration (COI);

(d) Employee development services (EDS);

(e) Employment skills training (EST);

(f) Employment planning services (EPS);

(g) Organizational employment services (OES);

(h) Vision rehabilitation services (VRS); or

(i) Vocational services (VS).

(2) The joint commission (JC) for accreditation in behavioral health care;



(3) The association for education and rehabilitation of the blind and visually impaired, institutions of higher education or organizations (schools or agencies) serving individuals who are blind or with low vision;

(4) The national orientation and mobility certification (NOMC) for cane travel and non-visual instruction and the national certification in rehabilitation teaching for the blind (NCRTB) for non-visual instruction. Certification through the governing board with oversight of these two certifications, the national blindness certification board (NBPCB) is an allowable credential;

Providers with NBPCB certification are required to provide proof of liability insurance policy to OOD in amount not less than two hundred fifty thousand dollars per incident.

(5) The academy for certification of vision rehabilitation and education professionals (ACVREP) serving individuals who are blind or with low vision receiving vision rehabilitation and education services; or

Providers with ACVREP certification are required to provide proof of liability insurance to OOD in amount not less than two hundred fifty thousand dollars per incident.

(6) Providers certified by the Ohio department of developmental disabilities (DODD) with at least one year of experience in providing career planning and individual employment support services as defined in rules 5123-9-13 and 5123-9-15 of the Administrative Code respectively. The scope of services for these providers is limited to individuals who would meet eligibility requirements for county boards of developmental disabilities.

(B) In addition to the requirements listed in paragraph (A) of this rule, additional credentialing shall be required as specified for the following services:

(1) VR service providers who conduct work incentives planning or coordination shall be certified as a community work incentives coordinator (CWIC) or work incentives practitioner (WIP);

(2) VR service providers who provide job search assistance-supported employment (credential)



services under the VR fee schedule for participants who would meet eligibility requirements for county boards of developmental disabilities shall be certified by the Ohio department of developmental disabilities (DODD) in the areas of career planning and individual employment supports. Provider staff who are providing the service directly to the VR participant shall pass the certified employment support professional (CESP) exam and maintain the credential offered by the association of people supporting employment first (APSE) or hold a certified rehabilitation counselor (CRC) credential to provide parts 1 and 2 of the job assistance supported employment (credential) service;

(3) VR service providers that offer supported employment job search assistance-supported employment (credential) services to individuals with serious mental illness or co-occurring mental illness and substance use disorder, and have have passed an individual placement and support (IPS) fidelity review administered by the Ohio department of mental health and addiction services (OMHAS) are exempt from the CESP/CRC requirement; and

(4) VR service providers that offer pre-ets must have a minimum of one year of experience in delivering relevant vocational, educational, or independent living services to students with disabilities.

(C) The following requirements regarding licensure, accreditation, or certification also apply to VR service providers:

(1) VR service providers must maintain and renew certification or accreditation according to the entity by which the provider was initially certified;

(2) VR service providers shall submit documentation from the appropriate body verifying certification, accreditation, or preliminary accreditation to OOD before requesting any payment from OOD according to its fee schedule; and

(3) VR service providers shall immediately notify OOD in writing if accreditation or certification lapses, is revoked, or suspended.

(D) OOD shall not purchase or reimburse for any services from any community rehabilitation



program that does not obtain accreditation following preliminary accreditation, maintain appropriate accreditation, or certification status.

(E) Prior to utilization and when requested by OOD, the community rehabilitation program shall complete a provider acknowledgement and submit to OOD.

(F) Nothing in this rule creates an obligation for OOD to purchase services from a provider, and OOD retains sole discretion over the expenditure of VR funds.

(G) Provider applicants and approved providers.

(1) Provider applicants seeking to deliver any of the services listed in the VR fee schedule shall submit an application and supporting documentation through the provider management program (PMP). The term "provider applicant" within this rule relates to new provider agencies and does not apply to current approved providers' individual staff or individual applicant(s).

(a) Provider applicants shall be required to participate in an initial orientation prior to their application being approved in the PMP.

(b) Provider applicants shall disclose any lapses, revocation, or suspensions of any individual staff or agency licenses, accreditations, or certifications within the previous five years of the date of their application.

Failure to provide complete and accurate information shall result in the immediate termination of the provider's approved status.

(c) Provider applicants shall have an authorized representative of the provider complete a provider acknowledgement before becoming an approved provider.

(2) OOD shall review provider application materials to determine compliance with the requirements in paragraphs (A) and (C) of this rule, as well as any other relevant agency or staff factors, performance, fiscal, or safety history that may relate to the provision of quality services for individuals with disabilities. OOD may request additional information as deemed necessary to ensure



compliance with paragraphs (A) and (C) of this rule prior to approving a provider's application.

(3) OOD has sole discretion to approve a provider's application or specific services, in whole or part.

(4) Approved providers.

(a) Approved providers shall comply with rule 3304-2-53 of the Administrative Code, the VR services and standards guide, and technical assistance provided by OOD.

Approved providers are not employees of OOD. Providers are independent agencies, with no guarantee of referrals for services regardless of current provider status.

(b) Providers shall only offer or provide services for which OOD has approved the provider as meeting the minimum qualifications.

(i) OOD shall only purchase services from providers who meet the minimum qualifications for services as provided in this rule.

(ii) Providers shall notify OOD in writing within five business days from the date the provider no longer meets minimum qualifications. Providers who do not meet minimum qualifications shall not accept any new authorizations for the service.

(iii) OOD shall edit information in the PMP to correct inaccuracies or for system integrity.

(5) Providers may be removed from the PMP if they have not received or accepted an authorization for services within the previous two federal fiscal years.

Providers may submit a new application in PMP to request regaining their approved provider status.

(6) If a provider uses a non-accredited subcontractor organization to provide any VR services, that provider must receive approval from OOD.

(a) If a VR service provider subcontracts any of its VR services through other providers, the provider



must obtain certification, preliminary accreditation, or accreditation in all VR services in which it subcontracts unless a credentialing body identified in paragraph (A)(1) of this rule routinely oversees all services, including subcontracted services, in the course of the certification or accreditation process.

(b) The approved provider is responsible for all services rendered by its subcontractor.

(c) Subcontracting shall not exceed twelve months, without the written approval of the OOD executive director or designee.

(7) OOD may periodically require approved providers to complete OOD provided training in relation to specific service delivery, such as pre-ets, summer youth, and supported employment job development. OOD may also periodically require providers to complete OOD provided training in relation to health and safety, and implementation of new systems such as the VR fee schedule updates, and the vendor portal payment process. Training may be required as part of provider support and remedies identified in paragraph (J) of this rule.

(8) Approved providers shall submit a completed provider acknowledgment to OOD by October first of each federal fiscal year. The provider acknowledgement may be submitted up to sixty days prior to the October first due date. Providers shall not offer or provide services in the new federal fiscal year until the provider acknowledgement is submitted to OOD.

(H) Provider staff qualifications and background checks.

(1) The term provider staff shall include current, and potential new employees, including owners, and independent contractors, who provide direct services under the VR fee schedule or addenda services.

(a) Unpaid interns and volunteers shall not be considered provider staff and shall not invoice for services provided to OOD participants.

(b) Provider staff shall be at least eighteen years of age and hold a high school diploma or the equivalent.



(2) Providers shall perform background checks for provider staff, which shall include a check of the following databases:

- (a) System for award management;
- (b) Office of the inspector general;
- (c) Ohio department of developmental disabilities online abuser registry;
- (d) Ohio medicaid provider exclusion and suspension list;
- (e) Ohio attorney general sex offender search;
- (f) Ohio department of rehabilitation and correction offender search; and
- (g) Ohio department of health nurse aide registry.

(3) Provider staff who are listed in any of the databases with a corresponding offense are prohibited from serving OOD participants.

(4) The provider shall also obtain an FBI and BCI criminal record check. This background check may occur concurrently or after the provider staff successfully completes the requirements listed in paragraph (H)(2) of this rule.

(a) If provider staff has continuously lived within Ohio for at least five years, only a BCI criminal check is required.

(b) If provider staff has lived within Ohio for fewer than five years, or if provider staff were convicted of a crime in another state or of a federal offense, an FBI and BCI criminal records check is required to be completed.

(c) If a background check reveals a provider staff with an offense the provider shall reference the



paragraph (H)(10) of this rule disqualifying offenses to determine if they can serve OOD participants.

(5) Approved providers may conditionally hire provider staff for up to sixty days while pending receipt of the provider staff's criminal records results if all of the following occurs:

(a) If provider staff has continuously lived within Ohio for at least five years, only a BCI criminal check is required;

(b) Provider staff signs an agency attestation asserting they have not been convicted of, pled guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense and has no unreported pending criminal charges; and

(c) Provider staff who have received provisional hiring cannot serve OOD participants beyond sixty days, or if the provider staff criminal records check lists a disqualifying offense.

(6) Provider applicants are required to submit background checks for all initial owners, management, and provider staff as part of their PMP application.

(7) Providers shall maintain written/electronic background checks for all provider staff, working with OOD participants.

(8) Providers shall provide a written/electronic verification of any provider staff's background check to OOD within twenty-four hours' notice, if requested by OOD.

(9) Approved providers shall perform a check of the databases contained in paragraph (H)(2) of this rule and obtain BCI background checks for all current provider staff no less than once every five years and maintain written/electronic verification on file.

(10) Background check disqualifying offenses for provider staff with criminal offenses.

(a) Tier I: Permanent disqualification. Providers shall not employ an applicant or continue to employ an employee, if the applicant or employee has been convicted of, pleaded guilty to, or has been found eligible for intervention in lieu of conviction for any of the following, or substantial equivalent:



aggravated murder, murder, voluntary manslaughter, felonious assault, permitting child abuse, failing to provide for a functionally impaired person, patient abuse and neglect, patient endangerment, kidnapping, abduction, human trafficking, unlawful conduct with respect to documents, rape, sexual battery, unlawful sexual conduct with a minor/formerly corruption of a minor, gross sexual imposition, importuning, voyeurism, felonious sexual penetration, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented matter involving a minor, illegal use of minor in nudity-oriented material or performance, soliciting/providing support for act of terrorism, making terrorist threats, terrorism, medicaid fraud, conspiracy, attempt, or complicity when the underlying offense is any of the offenses or violations listed in Tier I.

(b) Tier II: Ten year disqualification. Providers shall not employ an applicant or continue to employ an employee for a period of ten years from the date the applicant or employee was fully discharged from imprisonment, probation, and parole, if the applicant or employee has been convicted of, pleaded guilty to, or has been found eligible for intervention in lieu of conviction for any of the following, or substantial equivalent: involuntary manslaughter, reckless homicide, child stealing {as it existed prior to July 1, 1996}, criminal child enticement, extortion, compelling prostitution, promoting prostitution, enticement or solicitation to patronize a prostitute, procurement of a prostitute for another, aggravated arson, arson, aggravated robbery, aggravated burglary, illegal use of supplemental nutrition assistance program or women, infants, and children program benefits, worker's compensation fraud, identity fraud, aggravated riot, carrying concealed weapon, illegal conveyance or possession of deadly weapon or dangerous ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone, illegal conveyance, possession, or control of a deadly weapon or ordnance into a courthouse, having weapons while under disability, improperly discharging a firearm at or into a habitation or school, discharge of firearm on or near prohibited premises, improperly furnishing firearms to minor, engaging in pattern of corrupt activity, participating in criminal gang, corrupting another drugs, trafficking in drugs, illegal manufacture of drugs or cultivation of marihuana, illegal assembly or possession of chemicals for the manufacture of drugs, placing harmful objects in food or confection, conspiracy, attempt, or complicity when the underlying offense is any of the offenses or violations listed in Tier II.

(c) Tier III: Seven year disqualification. Providers shall not employ an applicant or continue to employ an employee for a period of seven years from the date the applicant or employee was fully



discharged from imprisonment, probation, and parole, if the applicant or employee has been convicted of, pleaded guilty to, or has been found eligible for intervention in lieu of conviction for any of the following, or substantial equivalent: cruelty to animals, prohibitions concerning companion animals, aggravated assault, aggravated menacing, menacing by stalking, coercion, disrupting public service, robbery, burglary, insurance fraud, inciting to violence, riot, inducing panic, endangering children, domestic violence, intimidation, perjury, falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license, escape, aiding escape or resistance to lawful authority, illegal conveyance of weapons, drugs or other prohibited items onto grounds of detention facility or institution, funding of drug or marijuana trafficking, illegal administration or distribution of anabolic steroids, tampering with drugs, ethnic intimidation, conspiracy, attempt, or complicity when the underlying offense is any of the offenses or violations listed in Tier III.

(d) Tier IV: Five year disqualification. Providers shall not employ an applicant or continue to employ an employee for a period of five years from the date the applicant or employee was fully discharged from imprisonment, probation, and parole, if the applicant or employee has been convicted of, pleaded guilty to, or has been found eligible for intervention in lieu of conviction for any of the following, or substantial equivalent: assault, menacing, public indecency, soliciting after positive human immunodeficiency virus test, prostitution, deception to obtain matter harmful to juveniles, breaking and entering, theft, unauthorized use of a vehicle, unauthorized use of property, computer, cable, or telecommunication property, telecommunications fraud, passing bad checks, misuse of credit cards, forgery, forging identification cards, criminal stimulation, defrauding a rental agency or hostelry, tampering with records, securing writings by deception, personating an officer, unlawful display of law enforcement emblem, defrauding creditors, receiving stolen property, unlawful abortion, unlawful abortion upon minor, unlawful distribution of an abortion-inducing drug, interference with custody, contributing to unruliness of delinquency of child, tampering with evidence, compounding a crime, disclosure of confidential information, obstructing justice, assaulting/harassing police dog or horse/service animal, impersonation of peace officer, illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug, drug possession other than a minor drug possession offense, permitting drug abuse, deception to obtain dangerous drugs, illegal processing of drug documents, illegal dispensing of drug samples, unlawful purchase of pseudoephedrine product, conspiracy, attempt, or complicity when the underlying offense is any of the offenses or violations listed in Tier IV.



(e) Tier V: No disqualification. Provider staff are not prohibited from providing OOD services if the provider staff employee or applicant has been convicted or pleaded guilty to, or has been found eligible for intervention in lieu of conviction for any of the following, or substantial equivalent:

(i) Drug possession that is a minor drug possession offense;

(ii) Illegal use or possession of drug paraphernalia;

(iii) Illegal use or possession of marijuana drug paraphernalia.

(f) Governor's pardon or court order expungement is allowable and Provider staff may allow provider applicant or employee to provide OOD services.

(g) OOD will allow provider staff who hold a current certificate of qualification for employment (CQE) issued by a court of common pleas with competent jurisdiction pursuant to section 2953.25 of the Revised Code with the exception of provider staff who have an offense listed in Tier 1 of this rule.

(h) OOD will allow provider staff who hold a current certificate of achievement (COA) and employability in a home and community-based services-related field, issued by the Ohio department of rehabilitation and correction pursuant to section 2961.22 of Revised Code, except for provider staff who have an offense listed in Tier 1 of this rule.

(i) OOD will allow provider staff who are current certified peer recovery supporters as defined by rule 5122-29-15.1 of the Administrative Code to provide direct services to individuals who are over eighteen years of age who have a mental health or substance abuse disorder diagnosis, except for provider staff who have an offense listed in Tier 1 of this rule.

(11) Provider staff transporting participants are subject to the requirements in this paragraph and shall also meet the following additional requirements:

(a) Shall be at least eighteen years of age;



- (b) Shall have two years of driving experience;
- (c) Shall hold a valid driver's license as specified by Ohio law;
- (d) Shall be covered by valid liability insurance as specified by Ohio law;
- (e) Shall have their Ohio BMV driving record reviewed by an approved provider. Provider staff is prohibited from transporting OOD participants if the Ohio BMV (or equivalent state BMV) report shows the following:
 - (i) Six or more points on their driving record; or
 - (ii) Suspended or revoked driver's license.
- (f) Approved providers shall maintain and be able to produce on request (within twenty-four hours) documentation of these requirements.
- (12) Providers failure to follow the listed requirements for staff background checks and exclusions shall result in OOD action identified in paragraph (J) of this rule.
- (I) Ethics, safety, and protection of confidential personal information.
 - (1) Provider staff shall adhere to the ethical code of conduct for any licensure, certifications, or accreditation credential that the agency or individual may hold. Providers are responsible for the safety of individuals they are serving and must hold appropriate insurance for any safety issues which may occur. Insurance coverage must be a minimum of two hundred fifty thousand dollars per occurrence.
 - (2) Providers shall have policies or procedures concerning participant safety that includes at a minimum, the handling of medical emergencies, equal employment opportunity violations, sexual harassment, appropriate professional boundaries, and others as required by OOD.
 - (a) Providers shall provide to OOD a copy of all policies and procedures that address participant



health and safety within twenty-four hours of being requested.

(b) Providers shall report and document all events which affect or pose a threat to the health and safety of individuals receiving services from OOD through the significant incident report form (SIRF). Providers shall follow the VR services and standards guide and other instruction on the SIRF regarding timelines, contact, and reporting process.

(3) Provider staff shall protect confidential personal information (CPI) of all program participants it serves. CPI includes, but is not limited to: Individual's full name, address, social security number, copies of identification, i.e., driver's license, disability/medical history, or any combination of information that could potentially identify a specific individual. Providers must develop and follow written policies and procedures to ensure that this information is kept in a secure and confidential manner. Providers must develop and follow policies and procedures in regard to the following areas:

(a) Securely store paper or electronic information, such as in a locked file cabinet or locked office when not in use;

(b) Store electronic media information securely, such as in an encrypted format on a computer or other mobile device;

(c) Transport data where the data is not visible from the exterior of the vehicle, and is not stored overnight in a vehicle;

(d) Restrict access to individual's information for business related needs, and prevent access to records of family members or with any cohabitating persons;

(e) Prevent electronic communications from being sent to unintended recipients; and

(f) Other areas as identified and required by accrediting, certification, or state and federal agencies.

On inquiry, providers shall provide their internal CPI controls, including use of confidential e-mail, staff policy, and staff training guidelines.



(4) Any provider loss, misplacement, unauthorized sharing of, or other violation of CPI involving an individual receiving services from OOD must be reported to OOD immediately when a provider becomes aware of the incident. OOD shall review the circumstances of any such CPI exposure or breach and meet with the provider to discuss possible resolutions, which may include OOD requiring the provider to offer the affected participant identity theft protection for at least one year. In all circumstances the participant must be notified of any loss of confidential personal information.

(5) Providers shall immediately notify OOD when their accreditation, certification, or licensure has been revoked or suspended by an accrediting or certifying body or another state or federal authority in writing to PCMU@ood.ohio.gov. This includes situations that do not involve individuals served by OOD. OOD will review the information and may request additional information to determine the next step. At OOD's discretion, referrals and authorizations may be temporarily suspended until the issue is resolved. Failure to notify OOD of an issue shall result in suspension from the OOD-approved provider list until the issue has been resolved.

(6) Conflicts of interest: A conflict of interest exists if the private interests of the provider or staff, interferes with the public interest in which the staff person is required to serve in the exercise of the provider's authority and duties in the provider's position of employment. Provider staff shall not provide a service to or access any case information for program participants with whom they may have a potential conflict of interest. Provider staff may not provide services to immediate family members (including in-laws and step-relatives). Individuals may receive services from provider staff outside of their immediate family members or those that report directly to them. Providers must develop a procedure which outlines how to address potential conflicts of interest. If a provider has questions regarding the appropriate service provision to any individuals, or any potential conflicts of interest, they must disclose and address this with OOD before providing services.

(7) OOD retains discretion to prohibit delivery of services by specific provider staff members to OOD participants. OOD may consider previous service delivery and history, complaints, and allegations for the provider staff member.

(8) Providers are required to submit authentic and accurate billing and reports which account for services, times, and costs. Providers may not sign on behalf of participants, nor duplicate participant signatures. Providers must submit billings and reports through OOD's designated procedure outlined



in the VR services and standards guide. Providers shall use OOD's designated payment system and submission process.

(9) Providers not following any of the above standards regarding ethics, safety, or proper protection of CPI may result in a remedy identified in paragraph (J) of this rule.

(J) Provider support and management

(1) Providers shall establish written internal quality control mechanisms to deliver quality services and ensure accurate reports and invoices.

(2) OOD shall perform reviews of provider services, for various reasons including, but not limited to, specific service delivery issues, risk-based reviews, fiscal integrity, and routine program evaluation and monitoring. Reviews may include service quality, reporting accuracy, fiscal components, and other service dimensions.

(3) Provider reviews may produce observations or findings. Observations are expected to be addressed to rectify minor and easily corrected errors. More pervasive, systemic, ongoing, or egregious findings will result in a formal corrective action plan (CAP) designed to correct identified findings.

(4) Providers shall be given the opportunity to respond to any provider review, observation, or finding, including submitting additional documentation, information, or responses. Providers may submit an initial objection in writing within ten days of receiving a review, observation, or finding to note that they disagree and will provide a written rebuttal (further documentation, information, or response). If a provider submits an objection, then the provider shall submit their rebuttal within thirty days of receiving the review, observation, or finding. This process may result in a CAP with a required cure period.

(5) As a response to fiscal, quality, or safety concerns, OOD may implement during investigations or as part of a CAP an alternate billing process such as a single point of contact for bills submitted together monthly, suspension of specific services with a nexus to the observation or finding, or suspension of all services, based on the protection and safety of individuals with disabilities, the



history and pattern of concerns, and the severity or scope of concerns. OOD also reserves the right to suspend the use of any specific provider staff for services based on any noted concerns.

(6) Cost recovery may be invoiced as part of any fact-finding investigation or review and will take into account any additional provider response and supplemental documentation provided which may mitigate cost recovery amounts. Providers shall have forty-five days to submit any amount payable to OOD. If the amount owed to OOD is not paid within forty-five days of receipt of the notice of invoiced questioned cost, the account shall be submitted to the attorney general for collection pursuant to section 131.02 of the Revised Code.

(7) When deficits are identified through reviews or other means, OOD shall generally implement the following sequence of intervention strategies:

(a) Technical assistance;

(b) Corrective action plan;

Corrective action plan may coincide with an alternate billing process, suspension of referrals, and/or cost recovery; and

(c) Suspension or revocation of approval status.

OOD shall identify the appropriate intervention strategy for performance deficits. OOD will consider past performance history, the pervasiveness of the concern, the impact on participant safety and public health and fiscal implications as part of this assessment.

(8) Failure to provide requested documentation or implement appropriate corrective actions during intervention strategies shall result in suspension of the provider's status until the documentation is provided and reviewed by OOD. Providers with repeated CAPs without resolving the deficits on an ongoing basis may result in the revocation of approval status.

(9) Providers shall produce requested documentation or background information within five business days or at a later date if agreed to in writing by OOD. Failure to provide the requested materials shall



result in a suspension of the provider's status until the materials are provided and reviewed.

(10) Providers who do not comply with a CAP, do not successfully complete their CAP to OOD's satisfaction, and/or do not complete payment of cost recovery may result in the temporary or ongoing suspension of services, or suspension or revocation of approved provider status. OOD shall make its decision considering factors such as past performance history, the pervasiveness of the concern, and the impact on fiscal integrity, participant safety, and public health.

(11) OOD will provide technical guidance and support to providers and refer providers to available resources and technical guidance where appropriate.

(K) Medical, psychological, and dental suppliers.

(1) Medical, psychological, and dental suppliers are not required to adhere to requirements outlined for providers.

(2) OOD shall only purchase medical, psychological, and dental services from suppliers with the proper licensure or certification.

(L) The executive director of OOD may waive any paragraph or paragraphs of this rule, if necessary, to appropriately serve individuals with disabilities.

(M) This rule is designed to implement the Workforce Innovation and Opportunity Act, 29 U.S.C. 32, and resulting regulations.