

# Texas Workforce Commission (TWC)

**Procurement # 3202300129**

**Procurement Name:** Open Enrollment for Employment Services

**Note:** To open the links within this posting it may be necessary to hold the Control Key when "clicking" on the link.

## I. GENERAL INFORMATION

**A. Contract Subject:** Employment Services

### B. Posting

This is an Open Enrollment notice for Employment Services to be provided to Vocational Rehabilitation (VR) Customers served by the Texas Workforce Commission (TWC) VR Division on behalf of TWC. Opportunities are available to provide Employment Services TWC VR Workforce Solutions offices in all areas of the state. Applicants must meet **all** requirements and specifications outlined herein to be eligible to receive a contract to provide Employment Services.

### C. TWC Point of Contacts

1. For procurement questions related to:

- Solicitation:
  - Section I [GENERAL INFORMATION](#),
  - Section III [PROVIDER ENROLLMENT PACKET SUBMITTAL](#), or
- Other purchasing related inquiries.

Contact one of the following:

- a. Rebecca Stone [rebecca.stone@twc.texas.gov](mailto:rebecca.stone@twc.texas.gov)
  - b. [consumer.procurement@TWC.texas.gov](mailto:consumer.procurement@TWC.texas.gov)
2. Contact the VR Standards mailbox at: [vr.standards@twc.texas.gov](mailto:vr.standards@twc.texas.gov) for questions related to:
- Solicitation:
    - Section II [SCOPE OF WORK](#),
    - Section III [PROVIDER ENROLLMENT PACKET](#), or
  - [VR-SFP Manual](#), such as:
    - staff qualifications,
    - service delivery requirements,
    - requirements outlined in the [VR-SFP Chapter 3: Basic Standards](#).

**Note:** If you prefer to speak with someone a phone meeting can be scheduled when requested via [vr.standards@twc.texas.gov](mailto:vr.standards@twc.texas.gov).

## D. Definitions

Applicant:	An entity or individual who submits an Enrollment Packet in response to this solicitation.
Confidential Information:	<p>Any communication or record (whether oral, written, electronically stored or transmitted, or in any other form) provided to or made available to Contractor or that Contractor may create, receive, maintain, use, disclose or have access to on behalf of TWC that consists of or includes any or all of the following:</p> <ul style="list-style-type: none"><li>a. Customer Information;</li><li>b. Protected Health Information (PHI), in any form including without limitation, Electronic Protected Health Information or Unsecured Protected Health Information;</li><li>c. Sensitive Personal Information, as defined by Texas Business and Commerce Code, § 521.002(a)(2);</li><li>d. Federal Tax Information;</li><li>e. Personally Identifiable Information (PII) as defined by Texas Business and Commerce Code § 521.002(a)(1);</li><li>f. Social Security Administration Data, including, without limitation, Medicaid information;</li><li>g. All privileged work product; all information designated as confidential under the constitution and laws of the State of Texas and of the United States, including the Texas Health and Safety Code and the Texas Public Information Act, Texas Government Code, Chapter 552;</li><li>h. Personally Identifiable Information defined by 2 CFR 200.1;</li><li>i. Information deemed confidential under The Rehabilitation Act of 1973, 29 U.S.C. Chapter 16, as amended, and implementing regulations 34 C.F.R. Parts 361 through 396.</li></ul>

Conflict of Interest:	A conflict of interest is a situation that creates a risk that professional judgment or actions will be unduly influenced by a personal interest or relationship and creates substantial conflicts with the proper discharge of duties required by a contract and the public interest. Each Applicant must comply with the content on Conflict of Interest located in the <a href="#">VR-SFP Chapter 3: Basic Standards</a>
Contractor (or Provider):	A legal entity or individual who TWC is contracted with to provide goods and/or services for TWC Customers. Contractor can be used interchangeably with Provider, Service Provider, or Vendor.
Customer:	An individual that has met the TWC eligibility criteria and has been approved to receive TWC services.
Employment Services Contracts:	<p>Includes services described in the following chapters in the <a href="#">VR Standards for Providers (VR-SFP) Manual</a> that can be provided to any VR Customers through issuance of a Service Authorization.</p> <ul style="list-style-type: none"> <li>a. <a href="#">Chapter 4: Employment Assessments</a></li> <li>b. <a href="#">Chapter 13: Work Readiness Services</a></li> <li>c. <a href="#">Chapter 14: Work Experience Services</a></li> <li>d. <a href="#">Chapter 17: Basic Employment Services</a></li> <li>e. <a href="#">Chapter 18: Supported Employment Services</a></li> </ul>
Vocational Rehabilitation Division (VRD):	The TWC Vocational Rehabilitation Division (VRD) administers the Vocational Rehabilitation Services Program, which is a joint state and federally funded program to assess, plan, develop, and provide VR services for eligible individuals with disabilities, consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice so that these individuals can prepare for and engage in competitive integrated employment and achieve economic self-sufficiency. In accordance with the Rehabilitation Act of 1973, as amended, VRD is the single designated state unit for the VR program.

<p>Vocational Rehabilitation (VR) Standards for Providers Manual (SFP) (or Standards):</p>	<p>The <a href="#">VR Standards for Providers (VR-SFP) Manual</a> focuses on the business practices, processes, and policies that must be followed for TWC and the contracted Provider to comply with federal and state laws and TWC rules and requirements. The <a href="#">VR-SFP Manual</a> ensures TWC-VR Customers receive quality services. Each Provider should review the <a href="#">VR-SFP Manual</a> and forms for changes every thirty (30) calendar days. Each Provider is expected to be familiar with and comply with the most recently published <a href="#">VR-SFP Manual</a> and use the most recently published forms applicable to their contract.</p>
--	--

## E. Open Enrollment Period

**a. Start Date:** Month XX, 2022

**b. End Date:** December 31, 2023, 3:00 PM Central Time (CT)

## F. Certifications

By signing and submitting the [Execution of Offer](#) form with the Provider Enrollment Packet, Applicant attests to its compliance with the statements contained in the Applicant Certifications embedded below.



OE - Applicant  
Certification form OGI

## G. Contract Award

TWC intends to award contracts to qualified Applicants throughout the enrollment period and may award multiple contracts within individual counties or groups of counties.

Entities, Applicants and/or individuals that are debarred or excluded by the federal government are excluded from receiving Federal contracts or certain subcontracts, and certain types of financial and nonfinancial assistance and benefits. Entities, Applicants and/or individuals that are debarred or excluded by the State of Texas are excluded from doing business with the state.

TWC may consider past performance, or any other factor it deems to be in the best interest of TWC or the State of Texas when determining whether to award a contract to an Applicant.

Participation in a post-award orientation will be required before any services related to the awarded contract can be performed.

## H. Compensation

Contractors must comply with the following sections defined in the [VR-SFP Manual](#) for the services being delivered: Service Descriptions, Staff Qualifications, Process and Procedures, and Outcomes Required for Payment. Payments made to Contractors will be based on the Fee Schedule for the applicable service as described in the [VR-SFP Manual](#) when all requirements have been achieved.

Contractors must also be in compliance with [VR-SFP Manual Chapter 3: Basic Standards](#).

Additional payment requirements may be imposed on Contractors through the contract executed with successful applicants.

## I. TWC Standard Terms and Conditions

Contracts resulting from this solicitation will include the TWC Standard Terms and Conditions for Customers embedded below.



Non-Medical Terms  
and Conditions OGC /

## II. SCOPE OF WORK

### A. Provider Requirements, Responsibilities, and TWC Policies

Providers must be knowledgeable about their responsibilities, the service requirements and TWC policies applicable to them.

### B. Standards for Providers

Providers under contract with TWC must adhere to current published [VR-SFP Manual](#) for the dates of services during which any services are provided to a Customer.

Notice of upcoming changes to the [VR-SFP Manual](#) are published on the [Vocational Rehabilitation Providers' Resources page](#) at least thirty (30) days in advance of the effective date of the changes. Each Provider is contractually responsible for maintaining compliance with the most recent [VR-SFP Manual](#).

A revision list that summarizes any formal changes to the VR-SFP Manual can be found on the [Vocational Rehabilitation Standards for Providers Revision Log](#).

TWC GovDelivery list notifies Contractors and Providers every time revisions are posted to the [VR-SFP Manual](#) and other important information. All Contractors should subscribe to TWC GovDelivery to gain these notifications. Visit the [TWC](#)

[GovDelivery website](#), enter an email address, and select the topic 'Vocational Rehabilitation Contractors and Providers News' to subscribe.

Questions related to the content found in the VR-SFP Manual can be sent to [vr.standards@twc.texas.gov](mailto:vr.standards@twc.texas.gov).

### C. Required Insurance

Contractors are responsible for their actions and the actions of their employees and sub-contractors. Insurance can provide protection to contractors from claims of negligence made by Customers.

Contractors must maintain insurance as described in the [VR-SFP Manual, Chapter 3](#) where Insurance Requirements are discussed. Insurance requirements are subject to change after posting the proposed chances on the [Vocational Rehabilitation Providers' Resources page](#) for at least 30 days.

Transportation of VR customers is not required, but if done, contractors must meet the minimum liability requirements of the Texas Department of Insurance and keep records of staff who transport customers in vehicles. If transporting customers the contractors must ensure proof of insurance is maintained and recorded on the [VR3455, Staff Information Form](#).

### D. Employment Services Scope of Work

Guidelines for the Scope of Work for Employment Service Contracts are outlined and can be found in the [VR-SFP Manual](#).

To access the scope of work for Employment Service Contracts use the link associated with each service listed below. The link will take you to the chapter that includes the staff qualifications, service definition, process, procedures, outcomes required for payment and fees for the service. At a minimum, the applicant must have **at least one (1) person** that meets the staff qualifications for the service to be included in the application.

1. Career Planning Assessment	<a href="#">Chapter 4: Employment Assessments</a>
2. Environmental Work Assessment	<a href="#">Chapter 4: Employment Assessments</a>
3. Job Placement Services	<a href="#">Chapter 17: Basic Employment Services</a>
4. Job Skills Training	<a href="#">Chapter 17: Basic Employment Services</a>
5. Personal Social Adjustment Training	<a href="#">Chapter 13: Work Readiness Services</a>
6. Supported Employment Services	<a href="#">Chapter 18: Supported Employment Services</a>

7. Vocational Adjustment Training	<a href="#">Chapter 13: Work Readiness Services</a>
8. Vocational Evaluation	<a href="#">Chapter 4: Employment Assessments</a>
9. Work Adjustment Training	<a href="#">Chapter 13: Work Readiness Services</a>
10. Work Experience Placement	<a href="#">Chapter 14: Work Experience Services</a>
11. Work Experience Training	<a href="#">Chapter 14: Work Experience Services</a>

An Applicant applying for a contract must comply with the following [VR-SFP Manual](#) chapters as well.

- [Chapter 1: Introduction to Vocational Rehabilitation](#)
- [Chapter 2: Obtaining a Contract for Goods and Services](#)
- [Chapter 3: Basic Standards](#)

All Applicants must have at least one (1) person that meets the Director qualification as defined in the [VR-SFP Manual, Chapter 3 Basic Standards](#).

## E. Service Areas

**This is a statewide open enrollment solicitation.** All Texas counties are included in this solicitation.

## III. PROVIDER ENROLLMENT PACKET SUBMITTAL

### A. Completed Enrollment Packets

Completed Enrollment Packets may be submitted at any time during the enrollment period. All forms must be completed in their entirety. For qualified Applicants that submit complete applications, contracts will be developed as they are approved. The volume of applications may vary during the enrollment period, and contracts may take three months or more to be finalized, depending upon volume and workload.

**Submittal of Enrollment Packets must be made via email transmission to:** [consumer.procurement@twc.texas.gov](mailto:consumer.procurement@twc.texas.gov).

TWC is not responsible for applications sent to an address other than that stated above, an application submitted after the closing date, illegible, incomplete, corrupted, or otherwise considered disqualified due to failure of electronic equipment or operator error.

Disqualification of an application can occur when an applicant fails to:

- submit an application in accordance with the requirements of the solicitation; or
- submit requested corrections or additional documentation within 14 days or less another timeframe is specified by TWC.

## **B. Encrypted Format**

### 1. Important:

All emailed submissions **must be received by TWC in an encrypted format** to protect the content from being read by entities other than the intended recipients.

**No mailed or hand delivered application will be accepted.**

**If you do not have encryption software**, email the procurement TWC Point of Contact listed in [Section I. C. 1. TWC Point of Contact](#) and request that an email be sent to you. Submitting your application to the TWC Point of Contact by return email will cause your submission to be received by TWC in an encrypted format when all required steps are followed.

### 2. Email Subject Line shall read:

**Employment Services OE Application, Procurement #3202300129**

### 3. Enrollment Packet Contents and Organization (Attachments):

Attached documentation shall include all required information delineated in [Section III. C Provider Enrollment Packet Submittal](#) below. Submit each document/form **as a separate document** in the email as an attachment.

The **application will be rejected if** the Applicant does not submit documents separately as described below.

Organize the application **following the defined order and use the naming conventions** for each attachment as described in [Section III. C Provider Enrollment Packet Submittal](#).

ALL emailed attachments **MUST BE SCANNED IN PDF FORMAT FOLLOWING THE DIRECTIONS** in [Section III. C Provider Enrollment Packet Submittal](#).

**Ensure each document requiring signature is properly signed and dated.**



## C. Provider Enrollment Packet Submittal (Contents and Organization)

### **TAB 1: Execution of Offer**



T1 EXECUTION OF  
OFFER.docx

---

Complete the Execution of Offer form.

#### **Naming Convention for submission:**

T1\_Applicant's Legal Name\_Execution of Offer

### **TAB 2: W-9 and Direct Deposit Form (VR1020)**

**Alternative W-9 forms will not be accepted.**

Complete the [VR1020, W-9 and Direct Deposit Form](#).

- Refer to the [VR1020 instructions](#) and to [TWC Substitute W-9 and Direct Deposit Form video](#) for guidance.
- If the TWC1020 shows a "Business Name" (DBA) designation in Box 2, include a copy of County DBA registry letter.
- If the TWC1020 uses an "EIN" in box 6, include a copy of IRS letter assigning Employer Identification Number.

#### **Naming Convention for submission:**

T2\_ Applicant's Legal Name\_W-9

### **TAB 3: Child Support Certification**

Complete the [VR1305, Child Support Certification](#) form.

Refer to the [VR1305 instructions](#) for additional guidance.

Provide the name and social security number (SSN) of the individual or sole proprietor, or if not a sole proprietorship, of each partner, shareholder, or owner with an ownership interest of at least twenty-five (25) percent of the business entity.

If no one person owns twenty-five (25) percent or more of the business, state Not Applicable (N/A) in the Name/SSN field and complete the remaining sections.

Must be signed by the entity's legal authorized representative.

#### **Naming Convention for submission:**

T3\_ Applicant's Legal Name\_VR1305

#### **TAB 4: Form VR3443, TWC VR Standards for Provider Certification**

Complete [VR3443, TWC VR Standards for Provider Certification](#) form.

Must be signed by the entity's legal authorized representative.

**Naming Convention for submission:**

T4\_ Applicant's Legal Name\_VR3443

#### **TAB 5: Form VR3444, Conflict of Interest Certification**

Complete the [VR3444, Conflict of Interest Certification](#) form.

Must be signed by the entity's legal authorized representative.

**Naming Convention for email submittals:**

T5\_ Applicant's Legal Name\_VR3444

#### **TAB 6: Form VR3445, Provider Insurance Certification**

Applicants **with** or **without** insurance must complete the form [VR3445, Provider Insurance Certification](#).

When the Applicant has insurance, a current and accurate certificate of insurance from the Association for Cooperative Operations Research and Development (ACORD) or its equivalent must be attached to the VR3445.

The Applicant's staff who will be transporting customers in personal vehicles will provide proof of insurance on their VR3455, Staff Information sheet required in [TAB 12](#).

Refer to [Section II C. Required Insurance](#) for additional information.

**Naming Convention for email submittals:**

T6\_ APPLICANT Legal Name\_VR3445\_Date Submitted

#### **TAB 7: Form VR3441A Entity Headquarters Information Management Team**

Complete the [VR3441A Entity Headquarters Information Management Team](#) form to record the applicant's management team information.

**Naming Convention for email submittals:**

T7\_Applicant's Legal Name\_VR3441A

**TAB 8: VR3441B Entity Headquarters Information - Services**

Complete [VR3441B, Entity Headquarters Information-Services and Goods-Part B](#) form to describe the Applicant's staff experience, skills and to indicate what services the Applicant is applying for to gain a contract.

To be eligible to apply for a service the Applicant must:

- Have **at least one** (1) person who meets the qualifications to provide the service at application, and
- Have **at least one** (1) person who is designated as the Director and the Director must have the University of North Texas Workplace Inclusion and Sustainable Employment (UNTWISE) credential at application.

**Naming Convention for email submittals:**

T8\_Applicant's Legal Name\_VR3441B

**TAB 9: Form VR3441C Entity Headquarters Information - Location(s)**

Complete [VR3441C Entity Headquarters Information - Location\(s\)](#) form.

The VR3441C must be completed by all Applicants to record the counties where the Applicant is able to provide services with the staff currently hired. Counties can be added and removed as staff availability changes, without an amendment to the contract, by completing and submitting a new 3441C to the assigned Regional Quality Assurance Specialist.

**Naming Convention for email submittals:**

T9\_Applicant's Legal Name\_VR3441C

**TAB 10: Form VR3442 A, Entity's Physical Location(s)-Part A- Service Contracts Certification Statement**

Complete the [VR3442 A, Entity's Physical Location\(s\)-Part A- Service Contracts Certification Statement](#) form.

The VR3442A must be completed by **all** Applicants to indicate if the applicant has a physical location. The VR3442A form must be submitted even if the Provider does not have a physical location.

**Naming Convention for email submittals:**

**TAB 11: Form VR3442 B Entity's Physical Location(s)-  
Part B- General Information Service Contracts**

Complete the [VR3442 B -Entity's Physical Location\(s\)- Part B- General Information Service Contracts](#) form when applicable.

The VR3442B must be completed for **each** physical location the entity has. If the entity does not have any physical locations, the VR3442B is not completed.

**Naming Convention for email submittals:**

T11\_APPLICANT Name\_VR3442B

**TAB 12: Form VR3455 – Provider Staff Information  
Form(s) with Supporting Documentation**

Director:

Each Entity must have a Director who meets the qualification as stated in the [VR-SFP Manual, Chapter 3 Basic Standards](#). The Entity's legally authorized representative must appoint the Director using the VR3441A.

Staff providing services to TWC-VR Customer:

For any services selected by the Applicant on the VR3441B, the Applicant must have **at least one** (1) **person** who meets the qualifications to provide the service(s).

Complete a [VR3455, Provider Staff Information Form](#) and attach required supporting documentation (resumes, transcripts, proof of insurance, and credentials) to demonstrate the staff person meets the required qualifications as stated in the [VR-SFP Manual](#).

When a staff person will be transporting VR customers in personal vehicles, the staff person must submit proof of auto liability insurance as required by the Texas Department of Insurance with the VR3455.

Verification statements on the VR3455 must be signed by the staff person represented on the form and the Director appointed by the legal authorized representative.

**Note:** After a contract is awarded, a separate VR3455 with the supporting documentation (resumes, transcripts, proof of insurance, and credentials) must be submitted for **each** person who will be providing services under the contract. TWC-VR must also be notified when a VR3455 is no longer valid for reasons stated in [VR-SFP Manual](#).

**Naming Convention for email submittals:**

T12\_APPLICANT Legal Name\_ Staff Legal Last Name\_VR3455