

Action Request Transmittal Vocational Rehabilitation



Howard Fulk, Policy and Training Manager
Authorized signature

Number: VR-AR 20-05
Issue date: 4/10/2020

Topic: Covid-19 Interim Operational Guidance

Due date: 4/10/2020

Subject: Interim Guidance on AFP Issuance in Response to Executive Order 20-12

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | |
| <input type="checkbox"/> Support Service Brokerage Directors | |
| <input type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Child Welfare Programs | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Vocational Rehabilitation |

Action Required:

This Action Request (AR) describes temporary measures Oregon Vocational Rehabilitation undertakes as we continue to provide services in accordance with [Executive Order 20-12](#) "Stay Home, Save Lives".

Effective immediately, and continuing until this directive is rescinded, field staff must follow the Authorization for Purchase (AFP) [procedures](#) described below when issuing AFP's for customers, clients, or vendors seeking Vocational Rehabilitation services.

Other than the specific guidance provided in this Action Request, no other Vocational Rehabilitation procedures have been amended or changed. Normal operating procedures should be followed accordingly.

Any questions surrounding procedures outside of this Action Request should be addressed to your branch manager while questions regarding this Action Request may be addressed to howard.r.fulk@dhs.oregon.gov.

Reason for Action:

Due to the ongoing COVID-19 crisis, Vocational Rehabilitation has made several interim changes to how we do business in order to ensure our continued and ongoing services to Oregonians with Disabilities.

This AR is the second Action Request to address temporary measures being undertaken to help guide us through this period. It covers procedures to be followed when issuing AFP's. No other programmatic activities are impacted by this guidance.

Per RSA guidance, State VR programs must continue to provide service delivery, as well as to continue to meet established timelines for eligibility, plan development and plan revisions.

The health and safety of participants, advocates, community partners, vendors and VR Staff are of utmost importance during this crisis, so every effort will be made to protect all people involved.

Procedures

Issuing Authorizations for Purchase:

As covered in [AR 20-04](#), client and vendor meetings are now being conducted virtually to the greatest extent possible. This process includes the issuance of Authorizations for Purchase. Please recognize that these measures are temporary and exist solely in order to continue to provide essential services to Oregonians with Disabilities while we comply with the Governor's [Executive Order 20-12](#).

Fundamentally, the process of issuing an AFP has not changed. No federal or state guidelines have been amended or rescinded due to either the COVID-19 outbreak or under Governor Brown's Executive Order "*Stay Home, Stay Safe.*" This AR only clarifies the process to issue an AFP while maintaining personal distance requirements.

AFP Creation:

VR staff creating an Authorization for Purchase (AFP) should ensure that all existing requirements for purchase have been met. Refer to the [Business Integrity Manual](#) for additional clarification and guidance.

VR staff issuing the AFP may:

- Use the Adobe Signature Function to sign the AFP, OR,
- Print and hand sign the AFP.

If the AFP was signed electronically from the VR staff telework location:

- The AFP may be sent via secure email to the vendor directly.
- Email a copy to the office general email address for printing and filing.
- Do not use personal email accounts to transmit AFPs.
- Never email an electronic AFP to a client.

If the AFP was printed from the issuers telework location:

- To maintain confidentiality, immediately sign and place the AFP in a sealed envelope for mailing to the recipient.
 - Printed and signed copies of an AFP may be mailed to either a vendor or a client as appropriate.
- If a fax machine is available, AFP's may be faxed to both vendors and clients if this is the preferred method for delivery.
 - If an AFP is faxed, the original document must be shredded in accordance with confidential document destruction procedures.
- Documents may be scanned using the Microsoft Lens Application on your State iPhone and then emailed from the VR staff's state email account.
- Never text a copy of the AFP to a recipient.
- Email a copy to the office general email address for printing and filing.
- Never use a personal email account to transmit an AFP.
- Never keep a printed copy of an AFP at a telework location.

If an AFP is issued from a Vocational Rehabilitation Office:

- There is no change in requirements or procedures for AFP issuance occurring at a VR office location currently.

In Person AFP Issuance:

Emailing, faxing or mailing an AFP is the preferred method of distribution in accordance with the Governor’s Executive Order 20-12.

If an individual prefers to receive their AFP in person at the VR office, office visits will be handled by appointment only.

- A daily schedule of these appointments should be shared with staff onsite.
- Personal distancing and related coronavirus prevention/management measures will always be maintained.

When preparing documents for pickup at an office location:

- If the original issuer is not the person that will be distributing the document, the AFP will be sealed in an envelope.
- Only the client’s first name and last initial will be used on the envelope for identification purposes.
- Include client’s cell phone, email address or both in case office staff need to reach the client. Share this information in the email requesting a meeting date and time at the office.

Field/stakeholder review: Yes No

If yes, reviewed by: VR Executive Team, Branch Managers, Field Staff, BIC’s

If you have any questions about this action request, contact:

Contact(s): Howard Fulk	
Phone:	Fax:
Email: howard.r.fulk@dhsola.state.or.us	

Files related to the Action Request:

- How to Sign a PDF in Adobe Acrobat Without Printing
- Setting Up Adobe Acrobat Electronic Signature
- Troubleshooting Fill & Sign Tool in Adobe Reader 2017
- Inserting Electronic Signatures and Dates from Cell Phones