

*Department of Industrial Accidents  
Office of Education and Vocational Rehabilitation*

**Recertification For VR Providers**

**Erin M. Muschette, Director**

All providers are required to apply for recertification as a designated provider of vocational rehabilitation services under the Massachusetts workers' compensation act **once a year**.

A renewal letter will be sent to you from the department's Office of Education and Vocational Rehabilitation (OEVR), dated the first Monday in March of the current year, with attachments for you to fill out and return. All information must be received by OEVR no later than the last Friday in April. When submitting your re-certification information, all providers (whether a sole proprietor or a corporation employing more than one vocational rehabilitation specialist) are required to submit all resumes of the specialists indicating name, address, phone number and e-mail address. Furthermore, all e-mail addresses should be on all correspondence sent into OEVR.

The Department of Industrial Accidents converted over to an Electronic Document Management System in FY'2009. This requires that all certified providers must submit case progress reports, IWRPs, amendments and closure forms electronically, preferably by e-mail. OEVR is able to receive encrypted e-mails and attachments.

**Compliance with OEVR Policies and Practices**

To initially qualify for approval, applicants must meet the organizational and professional requirements set forth in the regulations and this RFR. To subsequently qualify for approval, applicants must meet these same organizational and professional requirements as well as the annual evaluation criteria set forth in 452 CMR 4.04.

*All certified providers are required to notify OEVR, in writing, of any staff changes or additions to professional staff that occur during the certifying year.* Documentation must be submitted showing that new staff and/or contracted employees meet the qualifications and standards as described in 452 CMR 4.03. Such staff cannot provide vocational rehabilitation services to injured workers in Massachusetts until all necessary information is provided, and the provider receives written approval from OEVR. Provision of vocational services by uncertified staff may be grounds for suspension or termination of the provider's certification.

All employees providing vocational rehabilitation services to injured workers in Massachusetts will need to sign an acknowledgement that they have been provided with a copy of the *OEVR Guidelines for Certified Vocational Rehabilitation Providers* by their employer. These guidelines are available for downloading and printing on our website.

## **Annual Evaluation Criteria**

All providers who are requesting recertification will be evaluated based on their organizational and professional requirements. OEVR will also review the provider's past year's quality of work, their adherence to policy, procedures and case reporting requirements established by OEVR including prompt notification of referrals, timely submission of progress reports, IWRPs and closures. Complaints filed by other parties, such as claimants, attorneys, insurers and other consumers will also be taken into consideration. **PLEASE NOTE: For each provider requesting certification, all quarterly reports must be up-to-date and received by this office before recertification will be issued.**

If a provider is found to be repeatedly out of compliance with the policies and procedures as noted in our regulations and the OEVR Certified Provider Practice Guidelines, the provider's certification may be suspended or terminated. Upon receipt of your request for renewal, in accordance with 452 CMR 4.04, you may receive notice(s) specifying areas of concern and a request for a corrective action plan if there are issues of compliance or substandard performance. The corrective action plan should specify how you plan to reduce and eliminate the identified areas of concern.

Attachments I, II and III can be downloaded below.

- **Recertification Packet**

**Note:** Attachments I, II and III are available on the OEVR web page under Provider Applications. In order to view these files, you will need to have the Adobe Acrobat Reader software on your system. Acrobat Reader is available for Windows, Macintosh, SGI, Sun SPARC, DOS, and HP platforms from Adobe Reader.

March 1, 2024

Dear Approved Provider:

Your designation as an approved provider of vocational rehabilitation services under the Massachusetts workers' compensation act is due to expire June 30<sup>th</sup>.

452 CMR 4.03(4) provides that renewal of your approval requires that a request be filed with this office. Your request for renewal must also include certification of your current workers' compensation insurance (if applicable), professional liability insurance, tax compliance and any other material changes to your operation (particularly those related to staffing). Appropriate attachments for submitting this public information are enclosed. The provider is always obligated to report any such change in information immediately to OEVR.

Upon receipt of your request for renewal, in accordance with 452 CMR 4.04, you may receive notice(s) specifying areas of concern and a request for a corrective action plan if there are issues of compliance or substandard performance. The corrective action plan should specify how you plan to reduce and eliminate the identified areas of concern.

If there are no remaining compliance or performance issues or if your corrective action plan is suitable, action will be taken relative to your certification as an approved vocational rehabilitation provider for the next fiscal year (July 1, 2024 through June 30, 2025).

If you have any questions, please do not hesitate to call our office at (857) 321-7303.

**ALL INFORMATION MUST BE RECEIVED BY THIS DEPARTMENT NO LATER THAN APRIL 30, 2024.**

Again, thank you for your service to injured employees under the Massachusetts workers' compensation act.

Sincerely,



Erin M. Muschette, M.A., CRC  
Director/OEVR

ATTACHMENT I  
REHABILITATION PROVIDER  
CERTIFICATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ TAX I.D.# \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

BUSINESS ORGANIZATION \_\_\_\_\_  
(sole proprietorship, partnership, corporation)

PRINCIPAL SERVICES \_\_\_\_\_

SPECIALTIES \_\_\_\_\_

OTHER BUSINESS LOCATIONS \_\_\_\_\_



