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December 21, 2016

TO: All Subrecipients of the Orange County Development Area

FROM: Andrew Munoz
Community Investment Division Administrator/
Orange County Development Board Executive Director 

SUBJECT: Workforce Innovation and Opportunity Act (WIOA)
Individual Training Account (ITA) Approval and Payment
Process
Information Notice No. 16-OCDB-05

PURPOSE:

The purpose of this notice is to inform all Orange County Development Board (OCDB) Subrecipients of this Policy and Procedures outlining WIOA Individual Training Account (ITA) and Social Service Agency's (SSA) Vocational Training (VTR) programs approval, enrollment, voucher, training and payment process.

EFFECTIVE DATE:

This policy is effective on the date of issuance.

REFERENCES:

- Workforce Innovation and Opportunity Act of 2014 (Public Law 113-128)
- Title 20 Code of Federal Regulations (CFR) WIOA Final Rule Sections §680.200, 210, 220, 230, 300, 310, 320, 330, and 20 CFR Part §681.460 and §681.550
- EDD Workforce Services Directive WSIN15-07 WIOA Eligible Training Provider List - Policies and Procedures
- OCDB Information Notice No. 15-OCWDB-04 (WIOA Training Services Policy)

BACKGROUND

A. WIOA Individual Training Account (ITA)

Under WIOA, eligible adults, dislocated workers and young adults can receive training services through an ITA. An ITA voucher is established for a training provider on behalf of an eligible participant for selected training based on interviews, assessments and Individual Employment Plan (IEP)/Individual Service Plan (ISP) in consultation with Subrecipient Staff, hereinafter called Staff.

B. Vocational Training (VTR)

Through a Memorandum of Understanding (MOU) with SSA and OC Community Resources/ OC Community Services/ Community Investment Division, the SSA VTR program provides eligible CalWORKs participants vocational skills training that leads to employment in growing industries. VTR activities follow and utilize ITA policies, procedures and forms herein, as applicable.


**ORANGE COUNTY
DEVELOPMENT BOARD**
1300 SOUTH GRAND
BLDG. B, THIRD FLOOR
SANTA ANA, CA 92705
PHONE: 714.480.6500
FAX: 714.834.7132



POLICY

A. WIOA Requirements

In order to participate in an ITA, eligible WIOA participants must have received the following services: (1) an assessment; (2) an IEP/ISP that identifies the selected training course; (3) case management/career planning. These services shall be documented in participant's case file and in CalJOBS.

B. Approved Training Providers and Programs

ITA and VTR training will only be established for training providers and programs selected from the most recently published OCDB Approved Training Partners Directory (ATPD). ATPD is a local list of providers and programs that meet demand occupation and State Eligible Training Provider List (ETPL) criteria. The ATPD is updated monthly. ITA program selected for participants must lead to an in-demand occupation.

C. Training Length

WIOA ITA training shall not exceed a total of twenty-four (24) months. VTR shall not exceed twelve (12) months.

D. Amount Limits

The ITA or VTR total amount shall be no more than the current total listed cost on ATPD (less the amount of any financial aid, grants, credit, leveraged funds or other resources available to participant). **The amount limit is up to \$10,000** or up to \$15,000 for high demand and high cost programs in demand industries. WIOA ITA limit may be applied to a single training or a combination of training supported by identified need properly documented in the participant case file. The OCDB Executive Director may approve costs above these limits on a case-by-case basis and under certain circumstances supported by labor market data and/or specific participant need.

E. Available Funding

OCDB budgets ITA and VTR funding through allocation letters provided to Subrecipients for WIOA Formula funds and Special Projects. Budgets may increase or decrease based on OCDB system training needs and funding availability.

F. Leverage (WIOA ITA)

Staff must ensure financial aid such as Pell grants, Stafford Loans, scholarships, and other funding sources are coordinated with the Training Provider and other agencies (if applicable) to offset ITA costs. Leverage documentation must be maintained in participant's case file. VTR is exempt from this requirement.

G. Participant Case File Maintenance

Throughout ITA and VTR training duration, Staff must be in contact with participant and training provider. Staff must maintain, at minimum, the following: case notes, assessments, IEP/ISP, vouchers, training class schedule, attendance records, progress reports, test scores, supportive services, transcripts, certificate of completion, industry certification, employment verification, financial aid/credits received, and other documents related to the training.

H. Placement

Staff shall provide individualized Job Placement assistance no later than when the client reaches 75% of training completion to ensure that the training leads to unsubsidized employment in a related field. Successful completion of training courses must lead to recognized certificate/credential or their equivalent and attainment of unsubsidized employment.

PROCEDURES

These procedures require coordination and cooperation among OCDB, Subrecipient Staff (One-Stop, Youth, and Special Projects), training providers and OCCR Accounts-Payable (AP Unit) and OCCR Claims Unit. Any amendments to this policy and procedures shall be subject to approval by the OCDB Executive Director.

A. Enrollment and Approval

1. Staff determines participant eligibility for ITA or VTR.
 - a. Staff conducts interviews, assessments, case management/career planning and develops an IEP/ISP with participant.
 - b. Participant and Staff review and select training program from the ATPD; considering factors towards final customer choice including, but not limited to: employment goals, location, training length, total cost, tuition policies, financial aid, certifications, school performance, and job demand. This process can include training provider visits.
 - c. Selected training provider interviews and conducts assessments and provide recommendation to participant and Staff.
 - d. Staff verifies program information (program number, costs, and length) listed on the ATPD and State ETPL (through CalJOBS). Any discrepancies must be verified and corrected with training provider and/or OCDB ETPL Coordinator.
 - e. If participant is eligible for financial assistance, Staff coordinates with training provider and/or sponsoring agency and factor all amounts in final ITA cost to offset costs. These are to be recorded on the ITA Obligation Form
 - f. Staff verifies with training provider program start date, end date, mode of delivery and final costs with Training Provider.

As an option, if Staff and training provider agree, participant can audit a program for five training days at no cost. Auditing can benefit the participant who can make an informed decision before committing to the program. Auditing can also allow participant to start, without delay, if it is sooner than the processing of an ITA enrollment and voucher.

2. ITA Obligation Form (Attachment A) Completion

- a. Staff completes and submits the ITA Obligation Form to AP Unit through itaacctg@occr.ocgov.com within twenty-four (24) hours of final training decision and due seven days before training start date. If training starts sooner, Staff must notify AP Unit and OCDB immediately or consider arranging a participant audit of the program with training provider to avoid delaying training.
- b. Based on available funding, AP Unit approves (or denies) request, assigns a voucher number, and provides form to Staff and a copy to OCDB.
- c. Enrollment information is entered into CalJOBS.

3. ITA Voucher Form (Attachment B) Completion

- a. The top half of ITA Voucher Form must be completed and signed by Staff, Subrecipient management and participant.
- b. Staff forwards voucher to training provider within twenty-four (24) hours.
- c. Training provider verifies voucher information, completes and signs with participant bottom half of the voucher and submits completed form to Staff prior to training start date.

B. Training

1. Participant attends training as scheduled. Any changes such as training dates must be documented in the participant case file and CalJOBS.
2. Staff maintains contact with participant and training provider throughout training.
3. Staff obtains attendance records, progress reports, certifications and other training-related documents and maintains them in participant's case file.

C. Payment Process

1. **ITA Invoice (Attachment C)**
 - a. Training Provider submits an ITA Invoice to OCDB ten days after training starts.
 - b. OCDB sends ITA Invoice to Staff for verification of training information.
2. **ITA Invoice and Records Verification Form (Attachment D)**
 - a. Staff reviews thoroughly, verifies documentation, completes and signs the ITA Invoice and Records Verification Form.
 - b. Staff returns to OCDB invoice and verification form within three (3) business days.
3. OCDB invoice is processed and sent to AP Unit for payment.
4. Any discrepancies and corrections from this point shall be resolved with OCDB.

D. Training Modifications, Program Drops/Withdrawals and Refunds

1. Training Modifications:
 - a. Modifications are allowed for training start/end date changes, extensions, suspension of training, reducing ITA amount, and participant dropping the program.
 - b. ITA modifications must be reviewed and approved by Staff. Reasons for and documentation of modification should be recorded in participant file.
 - c. CalJOBS changes must be done within 30 days of the modification.
 - d. Staff shall coordinate with training provider to revise ITA Voucher and ITA Obligation Form, which should be marked "modification" after completing revision.
 - e. If modification involves changing to a new training program, which may increase the amount of the ITA, the enrollment process must be restarted.
2. Program Drops/Withdrawals:
 - a. Staff must immediately notify OCDB if participant does not complete or withdraws out of the training program.
 - b. After confirmation of withdrawal, Staff shall ask the training provider for a revised ITA Voucher.
 - d. Staff notifies via e-mail OCDB and AP Unit of revised training dates and when applicable, training amount.
 - e. CalJOBS is updated to reflect revised training dates and amount, when applicable.
3. Adjustments and Training Refunds:
 - a. Staff submits revised ITA Voucher verifying the last date of attendance and completed training hours.
 - 1) If participant withdraws without attending/participating in any part of the training, only non-refundable item/fees (if any) based on training provider's tuition policy may be invoiced.
 - 2) If participant withdraws after attending/participating some part of the training prior to an invoice being submitted, amount due will be based on the last date of attendance or percentage completed and calculated based on training provider's tuition policy.
 - 3) If participant withdraws after payment has been made, AP Unit reviews training provider's current Tuition Refund Policy. This determines the percentage of any advanced payment to be returned upon non-completion of courses and time spent in training before a refund will no longer be honored. Some items may be non-refundable such as registration, books/supplies received, and Student Tuition Recover Fund (STRF) fees, when applicable.
 - b. AP Unit issues letter to training provider to recover refund and must be remitted within 45 days from the date of the letter. **If refund is not received within 45 days, training provider's future referrals and payments may be suspended.**
 - c. Training Provider submits refund to AP Unit.
 - d. AP Unit audits refund amount based on training provider's Tuition Refund Policy.

E. Reconciliation of ITA Funding Activities

On a quarterly basis, OCDB will reconcile and review ITA funding activities with Staff and AP Unit.

ACTION:

Bring this Information Notice along with the attachment to the attention of all staff.

INQUIRIES:

If you have any questions, please contact Contract Administrator staff at 714-480-6500.

ATTACHMENTS:

- A. ITA Obligation Form
- B. ITA Voucher Form
- C. ITA Invoice Form
- D. ITA Invoice and Records Verification Form



ORANGE COUNTY DEVELOPMENT BOARD ITA OBLIGATION FORM

PROVIDER AND STAFF INFORMATION		
Provider Name		Region (if applicable)
Case Manager		Phone Number
Grant Code	Name of Program (i.e. WIOA Adult, WIOA Youth)	
Requesting Staff Name	Requesting Staff Signature	Date
Manager/Supervisor Name	Manager/Supervisor Signature	Date

Information on this form will be used for data entry into CalJOBS. Please review for accuracy.

COUNTY OF ORANGE USE ONLY	
<input type="checkbox"/> Authorized	<input type="checkbox"/> Not Authorized (requires comment)
Voucher #:	
Comments:	
County of Orange Staff Signature	Date



ORANGE COUNTY DEVELOPMENT BOARD INDIVIDUAL TRAINING ACCOUNT INVOICE

1300 S. Grand Avenue, Bldg. B, 3rd Floor
Santa Ana, CA 92705

INVOICE NO.
AGREEMENT NO.
GRANT CODE

REMIT TO:

TRAINING PROVIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE NO.: _____ EMAIL: _____

Referring Agency: _____

STUDENT AND TRAINING INFORMATION

Training Provider	Training Program Name	Program ID No.

STUDENT NAME	ITA VOUCHER #	TRAINING DATE		BILLING AMOUNT
		START DATE	END DATE	

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the contract and that WIOA funds are not duplicating payments for the same services, training or subsistence cost already paid for through Educational Assistance Grants and/or loans. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date and that such funds have been held in a reserve fund or transmitted to local, State or Federal officials as required by appropriate laws. In the event a student appearing on this invoice does not complete the enrolled course, a refund will be owed to the County of Orange in accordance with the refund policy.

PROVIDER SIGNATURE	DATE
NAME	TITLE

ACCOUNTING CODE					(OCCR ACCTG USE ONLY)	
FUND	DEPT	BUDGET CTRL	UNIT	OBJ	JOB NO.	AMOUNT
146	012	146	2800	1900		
100	012	012	2800	1900		
MA #				DO #		VENDOR CODE #
AUDITED BY / DATE:				REVIEWED BY / DATE:		

APPROVED BY OCDB: _____ DATE APPROVED: _____



ITA Invoice and Records Verification Form

Participant Name: _____

Subrecipient: _____

Invoice Number: _____

ITA Voucher Number: _____

Instructions:

- This Checklist must be reviewed in conjunction with an ITA Invoice received from OCDB. Verify and attest that the information on the ITA Invoice is complete, accurate, and reflects the same information the Subrecipient has on file in their Records listed below in yellow. This form must be completed for each voucher number on an invoice and all Records must match before payment can be processed.
- Review the six (6) Records in yellow below and confirm with an (x) that all of the relevant items on the ITA Invoice Check-off list match to their corresponding record AND to the ITA Invoice. Do not place an (x) unless the record has the correct and matching information to the ITA Invoice OCDB provided. If the record and/or ITA Invoice does not have the correct information please correct them before placing an (x). To correct an ITA Invoice cross off the incorrect information, write in the new information, and initial the change. If the check-off box is greyed out below, this indicates that item does not need to be reviewed or is not relevant.
- Once verification is complete, be sure to sign and return this form to OCDB by sending a PDF to: ITA@occr.ocgov.com. Payment cannot be processed for an ITA Invoice without full completion of this form.

ITA Invoice Check-off List	ITA Invoice	ITA Voucher	CalJOBS	ITA Obligation Form	Case File	Attendance Records
Participant's first/last name is spelled correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ITA voucher number	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Training dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Training cost/Billing Amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training program name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program ID #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial leverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total training amount to be paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ITA voucher has 5 signatures		<input type="checkbox"/>				
Grant code(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Participant completed ten (10) days of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I certify that I have verified all information on the ITA invoice for the identified voucher number and all corresponding information in the Records mentioned above matches and is true and accurate.

Subrecipient Staff: _____

Name

Signature

Date