

Statewide Behavioral Health VRP 3 Program Summary

Project Funding: It has been determined that all billing and funding will go through the Board system, both administrative and case service dollars. Boards will have the option to have providers bill through MACSIS or direct billing to the Board. Admin bills will be processed monthly. Case service bills should be turned around in roughly 20 days. It is not expected that Boards have to pay for project bills prior to receiving payment from RSC.

MACSIS/OSCAR interface: RSC and ODADAS have determined that is possible and are working to create an interface between MACSIS and OSCAR (RSC's case management and billing system) that results in each system having access to the data that they need. This would involve the boards putting RSC's authorization code into their system.

Allowable Services: It has been clarified that alcohol, drug addiction and mental health services, including but not limited to, the named community behavioral health Medicaid services are all allowable services under this project when they are time limited and provided as part of an approved Individualized Plan for Employment. It must be remembered that at all times the VRP3 funds must be used as the payer of last resort and may not supplant any existing funds. RSC has stated that they will review the community behavioral health Medicaid rates and will adopt these rates for services provided under this program. As part of the opiate priority for this project, time limited medication-assisted treatment will be an allowable service.

RSC Approvals for Eligibility and Individualized Plans for Employment: RSC has committed to share with us what it will take to receive approvals and then honor those commitments and provide timely approval (within days, not weeks) of local complete applications. In the near future case examples will be shared. Additionally RSC will provide ongoing training and technical assistance to coordinators and others involved in this process to ensure that consumers move through the system in the most expeditious manner.

Outcomes: RSC has identified the following outcome measurements for this project: number of individuals served, number of applications processed, number of eligibility determinations completed, number of individualized plans for employment written, and number of successful employment outcomes (i.e. consumers achieving employment for at least 90 days – to qualify, employment does not have to be full-time). Thresholds have not yet been decided upon for these measurements. RSC has agreed to work with us to determine appropriate benchmarks considering the populations served. They have asked us for information about any national standards that could be utilized to help inform these thresholds. If you have any ideas please send them to Liz or me.

ODADAS and ODMH will also be developing outcomes specific to this project. ODADAS has indicated that they will be measuring abstinence and treatment compliance.

The question has been asked – If someone enters service, but drops out before completing the full program, will those services still be reimbursed? The answer is yes, the goal is to get everyone to complete the program, but if they do not, the services that were delivered under the Individualized Plan

for Employment will be paid for. For example, if “Joe” is scheduled for two weeks of job training and only participates in one week of job training and then walks away from the program, RSC will pay for one week of job training. In addition, RSC has no limit on the number of times a person can engage with these services. In fact, RSC encourages providers to try to re-engage clients back into services.

Accreditation: RSC requires that for an entity to provide core vocational rehabilitation services (vocational evaluation, work adjustment, personal adjustment, job placement, job coaching and community-based assessment service programs) that the entity must be preliminarily accredited, accredited, or certified by CARF (Commission on Accreditation of Rehabilitation Facilities) or TJC (The Joint Commission) in that category. If providers want to work with a certification or accreditation entity listed on the Questions and Answers document that was previously submitted, RSC will honor preliminarily accreditation or certification and providers can provide vocational rehabilitation services as long as they have the preliminarily accredited status and are working toward full accreditation or certification

Vocational Rehabilitation Coordinator Role: While we would generally consider this role a direct service, RSC classifies their Vocational Rehabilitation Coordinators as an administrative cost. Boards can elect to hire someone at the Board level or include this as part of a provider contract. To serve in this role, an individual would need to have a bachelor’s degree in a related field and complete the seven day training provided by RSC.

Monitoring: RSC will provide training, technical assistance, and monitoring on an ongoing basis. The monitoring will include, but not be limited to, service delivery and fiscal management.

Trouble Shooting: Director Miller has developed a task force, headed by Dan Connors, a Deputy Director with many years of vocational rehabilitation experience. Serving on this team with Mr. Connors will be high level, experienced RSC field staff. The partner agencies (ODADAS, ODMH, and OACBHA) will also participate by identifying high level staff to serve on this task force. The intent is to ensure that issues are addressed without delay and not days or weeks later. A hotline will be established with cell phone contact information that will be distributed to all local partners to utilize when issues arise.

More things that are currently being worked on that will be shared ASAP to further clarify some details:

- Funding flow chart (both admin and case service dollars)
- Joint letter from ODMH, ODADAS, and RSC, addressing the intent to be flexible to ensure this project is a success, including a commitment from all Departments on allowable services, planned trainings, ongoing technical assistance, and a plan for expediently troubleshooting any issues.
- Curriculum to cross-train both the behavioral health and rehab services systems to better understand one another.