

RSC/ODADAS/ODMH VRP3 Project Questions and Answers
As of March 17, 2011

1. **Is there a definition for the Case Coordinator position? Can it be filled by a Board staff person?** The Case Coordinator must have a Bachelor's degree and receive training from RSC. Duties include replication of Counseling work, identifying functional disabilities, eligibility determination, request for vocational rehab services, securing documentation regarding functional disabilities (there must be at least 3), development of employment plan, and management of that plan. The position may be filled by a Board staff member.
2. **Is the Admin Budget limited to the matching funds paid by the Board?** No. There is no limit to the request, although it must be reasonable.
3. **Is it permissible to have a Board Level supervisor or coordinator for the project?** Yes, there is usually a supervisor who coordinates, organizes and manages the work. This can be a fiscal staff person. A Flow Chart will be released that will demonstrate client flow throughout the process. This should be helpful in projecting administrative costs and requirements.
4. **Does the Case Coordinator provide direct services?** Not necessarily. It will depend on the case load. If a Case Coordinator's case load is 85-100 clients, it would be difficult to provide direct service to a case load of this size. If the case load is smaller, it would be more manageable.
5. **If a Board does not have a federal Indirect Cost Agreement, how can the administrative costs be captured?** They will be captured in Direct Costs by position and by percentage of time devoted to this project.
6. **Can a Board apply for a federal Indirect Cost Agreement and then bill using that rate retroactively?** No. The contract with ODADAS is based on what agreement is in place at the time the contract is executed. The process for securing an Indirect Cost Agreement usually takes from 6-12 months. Given that this is an 18 month project, this would be impractical.
7. **Are there specific positions listed in the client workflow?** No. The workflow is used primarily to help Boards see their role(s) as a client moves through the process.
8. **Where will Mental Health and AOD services go in the budget: operating (sect 1) or case services (sect 2)?** They will be billed and tracked through MACSIS/OSCAR.
9. **Will the Client flow charts have the identifier/affiliation code?** No, that will come later.
10. **Is there a Program Description due as well?** Not at this time. The Budget forms are due via email to ODADAS by March 21, 2011. Boards will work with

ODADAS and RSC to develop Program Descriptions later.

11. **Will MACSIS be available after 6/30/2012 for this project?** Yes.
12. **We prefer using a client modifier. Can we have input/discussion on modifier vs. affiliation code?** No. We are bound by existing federal modifiers. None seem to be compatible; therefore, ODADAS will develop an affiliation code.
13. **Is the payment match due by Friday, 3/18?** Yes. We understand that some Boards may need to request funds from a county entity, get approval from Commissioners; however, we **must** gather payments and get them to RSC ASAP to allow RSC to draw funds down.
14. **Will RSC training teach us how to access OSCAR?** Yes. Use of OSCAR and data entry, etc. will be discussed in training.
15. **Who usually gathers data for input into the OSCAR system?** This is usually done by a support staff person—perhaps at .25 FTE. A one-day training will be available for staff that will perform these duties.
16. **Is there guidance available regarding the appropriate amount for case services in the budget?** There is no set limit. We estimate 25% of the budget for Admin. The case services piece will depend on the total project size and case load.
17. **Is data entry by support staff an administrative cost?** Yes.
18. **Is there a list regarding which staff are considered administrative?** No. Anyone who helps to administer the project is an administrative position. These staff DO NOT provide direct service.
19. **REVISED 3/18/2011 How will this project appear on the 040 to avoid reporting costs twice?** Board level reporting is one year “behind”. We have time to articulate reporting requirements to Boards before the reports are due to ODADAS. *When the response was given regarding the one year time frame, we were assuming the question was from the Board since the Boards were invited to the webinar related to the Admin budget. The Board’s reporting to us is on a one year delay. We are continuing to address all the pieces of this quickly moving project and will provide more guidance on these procedures as we move forward. I am forwarding your inquiry to the multi-agency VRP3 Task Force for review.*
20. **REVISED 3/18/2011 Will RSC pay Medicaid rates for Mental Health and AOD services?** *RSC will pay the Non-Medicaid clients services at the Board negotiated rates even though that service is a Medicaid covered service. However, RSC is relying on the Boards to have a competitive process for the negotiate rates.*
21. **Does this project exclude other Medicaid services for Medicaid-eligible clients?** Yes.

22. **What about subcontracts?** They are included in the budget as a contractor or a subcontractor. Please see budget forms.
23. **Is there an average salary for the Case Coordinator?** No. There is no set limit. Some parts of the state will pay a Case Coordinator \$20,000 per year. Other parts of the state may pay \$60,000. Also this can depend on case load and project size. Use your best guess. Salary should be in line with other similar positions in your Board area.
24. **Does only the cost for the case coordinator go into the budget? No treatment services should be included, correct?** There is a place on the form that will include the totals for case services, which include vocational rehabilitation, treatment services, and mental health services.
25. **Is there any cost for the RSC required 5-Day training?** No, the 5-day training cost that RSC provides will be free, however, you may charge for any overnight, per diem, or mileage reimbursement associated with this training when appropriate.
26. **Does a client have to receive vocational/rehabilitation/employment services or can they just receive treatment services?** Clients will need to receive vocational rehabilitation and employment services. However they can also receive treatment services while receiving these other services as part of their case plan.
27. **Do clients who are employed but need treatment services in order to maintain employment qualify for services?** Because part of eligibility requires identification of an impairment and need for vocational services in order for a client to qualify for services they would need to receive vocational services.
28. **Can we use the same model we use for the Pathways project? Our case coordinator and manager are employed by a local agency, not the board.** Yes, if the project coordinator and/or the manager are employed by a local agency they would be considered sub-contractors, however, the board will still need to bill for the board level management processes.
29. **Will we continue to bill for non employment services for the client who is receiving our employment services via MACSIS and if so, how will we code in order to use specific funds to pay for those services?** The department currently isn't aware of specific billing codes in MACSIS for employment services. Affiliation codes are being developed specifically for this project.
30. **Is there a norm or average for the amount of case services per client that you can take from past projects?** Typically this project spends approximately \$250,000 per coordinator per year for an average of 85-100 cases. Because of the inclusion of AOD and Mental Health this amount is expect to be higher.
31. **When we use the term "employment services" does that include the ODMH accredited in employment services?** This is a Mental Health question and they

were not in attendance at the Webinar; ODADAS will need to check with them for an answer and will update the Q&A when determined.

32. **Does the agency providing the case coordination need to be CARF accredited in employment services?** They may not, however, if vocational rehabilitation services are being provided they would need to have CARF accreditation.
33. **Can RSC funds be used for clinical assessment?** If no one else has the ability to pay, and an assessment is required to achieve the vocational rehabilitation goal, then RSC funds may be used for a clinical assessment.
34. **Can funds be used for Mental Health or AOD planning?** If Mental Health and/or AOD planning is required to achieve a vocational rehabilitation goal then RSC funds may be used for Mental Health and/AOD planning.
35. **If CARF accreditation is in process and a good effort is being made to receive the certification can you still be reimbursed?** Currently no, but this is still under review.
36. **Can you bill for any services prior to MSD or IPE approval?** Yes, diagnostic services that allow for MSD.
37. **Regarding CARF accreditation waiver, when will you get the language?** This is under review and the Boards will be notified once the answer is determined.
38. **This Board covers three counties and has two Providers in two separate counties. Can they both apply for the CARF certification even though they are both .5 FTE's. Or is it limited to one per Board area?** CARF would have to answer that question for the Boards or providers. CARF usually certifies one agency per survey. RSC has some contracts where one agency is CARF accredited and the other agency works under that CARF accreditation. The difference is that the agency without CARF accreditation can only provide the services the other agency is CARF accredited in. The agency that holds the CARF accreditation is then responsible for the work provided by the other agency to ensure compliance and is part of the agency's next CARF survey.
39. **A county already participates in a VRP3 project, and a part-time project coordinator is employed by one of our contract agencies. The plan is to increase his time to accommodate new clients served in this second project. He has already received the RSC training related to VRP3 projects, as has his supervisor. Is there a need to budget for training for this staff?** If RSC has trained coordinators or supervisors they would not have to go to the 7 days of training. There may be type of training for them as to how we see RSC policies and practices for this project's target population. As the number of already trained case coordinators is identified, RSC may schedule a meeting for that group. Therefore, consider writing in at least one trip to Columbus for a meeting with RSC.

40. **If the project coordinator has received the RSC specific training for the VRP-3 project, does the project supervisor need the training, too?** Supervisors must attend the training. Part of the supervisor's responsibilities is to provide Quality Compliance Reviews. The supervisor will need to guide the coordinator and work with consumers who have complaint or issues with the VR process.
41. **In the draft contract, it states that the project coordinator or project supervisor must participate in all project meetings, leadership meetings, other meetings as requested. In order to budget accurately for this, how many meetings do you anticipate over the course of the project? Where will these meetings be held?** In addition to the trainings listed in the webinar and budget instructions forms, RSC provides Quarterly Roundtables generally held regionally to minimize contract travel costs. Also RSC has 2 supervisor meetings in Columbus per year. We encourage monthly video conference trainings held at RSC offices with video conference capabilities. We screen the agenda to determine VRP3 need as opposed to internal RSC business for efficiency.
42. **In section I, Operating budget, that section should only consist of costs associated with administrating the program such as the Case Coordinator and other related admin costs (fiscal invoicing, supervision, etc). The costs related to delivering direct service should all be lumped together in Section II, Case Services Budget. Is that correct?** Yes.
43. **If we know the total for administration and case services, does the rest of the budget need to be completed – salaries, etc?** The entire the Board Case Planning and Coordination (CPC) Administration Budget Excel Workbook must be completed by each board.
44. **What is the estimated case load for a full time Case Coordinator?** 80-100
45. **We plan on hiring a new staff person for this role. Since we will not have them hired by 4/1, should we prorate or reduce the number of hours for that position to when we believe they will be hired?** Yes.
46. **How do we figure out Section III Calculation of Award on the Budget Proposal?** Those cells are calculation cells only. You will not enter information directly into those cells.
47. **The allocation spreadsheet that shows the break down per Board, do we need to reduce that amount by 1 ½ percent for ODADAS CPC or is that our total allocation we can spend?** The latest Statewide Budget Match Estimate (Emailed 3/16/11 in the afternoon) has a column for you to enter your CPC Admin, the column for Case Services Funds should then calculate what is left for Case Services.
48. **When should we receive our Budget Proposal worksheets?** Your Board should have received an email 3/15/11 with the excel worksheets attached. If you did not receive them, please contact Johanna Burgess-Pickett or Nikki DeCamp.

49. **There is a line item on the VRP3 budget proposal titled Total Case Services. Definition of case services?** Case services are the vocational rehabilitation, AOD, and Mental Health services that will be billed via MACSIS and OSCAR (the RSC Case Management System).
50. **How closely are we going to be held to our Case Planning and Coordination Budget? You will be able to make adjustments to your budget after it's submitted.** You can revise the budget throughout the project year. Please note that *any* changes to the approved budget will require a budget revision submission to ODADAS. The number of budget changes need to be reasonable.
51. **How do we guess on our estimated treatment cost?** You don't have to guess on the treatment cost, its part of the case services costs.
52. **Is there a limit on the Admin Budget?** While ODADAS is not setting a maximum amount that can be requested for case planning and coordination, all budgeted items must make sense related to the proposed project, include only allowable costs, and provide sufficient detail where needed.
53. **All sub-recipients agree to comply with OMB A-133, OMB A-110. Aren't these things we are already doing?** Yes.
54. **If we don't use all we have budgeted for CPC, can we use those funds later for services?** Yes, but any change to the approved budget will require a budget revision.
55. **What do you mean by Federal Indirect Cost?** Indirect costs are administrative overhead or costs. They can include such things as: Administrative staff salary, office space including costs of rent and utilities, equipment and services used by everyone such as copiers, phone systems, grants management, audit, liability insurance, staff training, etc. Federal Indirect Cost rates are negotiated with one government agency, then that rate is honored in any federal grant from any agency. You must work with the Federal agency that awards the greatest share of your federal funding in order to submit the necessary documentation to receive a Federal Indirect Cost Rate Agreement.
56. **Do we allow a client stipend?** No, the stipend that is referred to in the worksheet is for contract or student staff only.
57. **Is there going to be a laptop provided to Program Coordinators and/or Case Managers?** Boards and agencies can use existing equipment and ODADAS will provide the log in information to utilize Virtual Desktop to access the software necessary for the program. Some laptops may be made available where necessary.
58. **Outcomes—How entailed? What are they expecting?** This will be addressed during the RSC training.

59. **When can Boards expect the Contract from ODADAS? The Board has the check for the match, but does not want to send it in until he has a valid contract. He doesn't want to jeopardize being in the project, but ODADAS won't have their check by tomorrow. Contracts will be sent by the end of the week.**
60. **What is the definition for CPC admin at Boards? Is it as follows?
The Case Coordinator must have a Bachelor's degree and receive training from RSC. Duties include replication of Counseling work, identifying functional disabilities, eligibility determination, request for vocational rehab services, securing documentation regarding functional disabilities (there must be at least 3), development of employment plan, and management of that plan. The position may be filled by a Board staff member.**
The Case Coordinator is one position that is part of the administration, whether they are located at the Board or contracted for service at the agency. Other CPC Admin at the Board may include Board staff time directly on the project, such as fiscal staff processing the claims for service and the CPC Admin monthly invoice, Board staff attending coordination meetings, or a supervisor for the Case coordinator.
61. **We are considering using the Mental Health "Employment" code for those supported employment activities that would not be reimbursable through normal treatment services nor RSC. I would not think there would be much. Do you know what the allowable billable rate is for the RSC service and what RSC services will be billed through OSCAR (maybe this is listed somewhere and I did not see it)?**
These items have not been finalized yet and are not necessary in order to complete the Budget due Monday. The total direct services will be listed in the Case Services line as one total, regardless if they are Mental Health, AoD, or Vocational Rehabilitation. These charges will not be broken out on this budget. Additional information related to the Case Services line will be addressed in the near future.
62. **Is there a specific RSC Activity log that we need to use to track our activities? If not, what are the things that need to be recorded on the activity log? To be determined.**
63. **Are there unit rate ceilings for treatment services provided under the proposed RSC VRP3 Project or will the negotiated Non-Medicaid unit rates the Board has in place for each service provider be ok?**
RSC will pay the Non-Medicaid clients services at the Board negotiated rates even though that service is a Medicaid covered service. However, RSC is relying on the Boards to have a competitive process for the negotiate rates.
64. **My understanding is that treatment claims for either AOD or MH will be billed by the Providers thru MACSIS and paid by the Boards for clients eligible for**

this project. The MACSIS payments made by the Board will then be submitted to ODADAS as part of the monthly invoice for reimbursement. Will ODADAS establish an affiliation code for us to use in this project so that RSC funding is only used for the projects client's, similar to the OPDAF code used for the Ohio Prescription Drug Abuse funding in FY11? The treatment claims for either AOD or MH will be billed by the Providers thru MACSIS and paid by the Boards for clients eligible for this project. The MACSIS payments made by the Board will then be submitted to **RSC** as part of the monthly invoice for reimbursement. An affiliation code will be established for use in this project so that RSC funding is only used for the projects client's. The only billing to ODADAS will be for the Administration (Case Planning and Coordination Budget).

- 65. Are we allowed to shift funds between the Case Planning and Coordination Budget and the Case Services Budget during the year?** Yes, but any change to the approved budget will require a budget revision.
- 66. In the event that this program is extended for an additional year or longer, would we be able to carry over unspent funds from either Case Planning and Coordination or Case Services?** The federal project ends September 30, 2012. No services are to be rendered after that date and funds will not be carried forward after the end of the project.
- 67. Should the admin (section 1) be billed and invoiced separately outside of the billing systems (MACSIS & OSCAR) – i.e. they should not be built into the unit cost for services?** Yes, admin will be billed separately on a monthly basis through ODADAS and not as a unit cost for service. It will be actual expenses against the approved grant amount for the Board administration costs.
- 68. Can the voc rehab be billed through MACSIS as Supported Employment or is that considered different and has to be billed separately through OSCAR?** The Boards will consolidate the case service claims from OSCAR and MACSIS from the service providers. That information will then be sent directly by the Boards to RSC for Reimbursement. They are finalizing the workflow and should be communicating that process to the field in the near future.
- 69. Is there a deadline when all the invoices have to be in for the month?** The monthly billing process for the Admin budget has not been finalized. You will have that information at that time.
- 70. Can Medicaid match for qualified individuals be reimbursed with RSC dollars or does it have to be Non-Medicaid services only?** This project will be the payer of last resort, therefore Medicaid eligible clients must be charged to Medicaid.
- 71. I am trying to estimate the fiscal time that will be required to prepare the invoices to ODADAS and payments to providers. Are there any samples of the required invoices for Admin services and for case services? The detail and documentation level would be helpful to determine necessary staff time.**

Direct service claims for either AOD or MH will be billed by the Providers thru MACSIS and the Vocational Rehabilitation Services will be billed via RSC's OSCAR system to the Boards for clients eligible for this project. The MACSIS/OSCAR claims will be collected by the Board and they will then be submitted to **RSC** as part of the monthly invoice for reimbursement. The only billing to ODADAS will be for the Administration (Case Planning and Coordination Budget) and will be similar to the monthly federal draw down request process. All final instructions will be forthcoming.

- 72. Has using a Plan Code on MACSIS for tracking the clients been considered? This would provide us with access to client claims information on the MACSIS Claims Extract if the clients were tracked via Plan Code. The affiliation code does not provide us with this ability.** At this time, we have not considered the Plan Code. We will immediately take this into consideration; however, we may be limited by the providers capabilities of adjusting their systems or getting information onto the 837. We are currently gathering all the business requirements and are considering the least amount of impact to the current business process. We hope to have something documented by the end of next week to share with the Boards the following week. We will keep you posted to our progress.