

DHS/DMH VOCATIONAL SERVICES
Moderated Telephone Conference
July 17, 2007
Questions & Answers

Q1: What is the Internet address for evidence-based supported employment toolkit?

A1: It is located at <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/>.

Q2: Our agency already has a contract with DRS and it is difficult getting them to open our clients. Can we provide EBSE and bypass DRS?

A2: We really don't want you to do that because we know the best outcomes are produced by fidelity to the model. We suggest you organize a local workgroup, including a DRS person, to develop a plan to address the vocational needs of your clients. You should also understand the Director and other executive staff of DRS are very committed to this program. You may contact Gene Oulvey at 217-785-7751 or Gene.Oulvey@illinois.gov for further assistance.

Q3: Are these services the same as job coaching, where you help a person to get oriented to a specific job? We currently have a contract with DRS to provide this kind of support.

A3: This would most likely be billed as job retention support. Just a reminder: if DRS is paying you for the job coaching activity, you cannot bill DMH for the same activity.

Q4: Is benefits counseling only appropriate for engagement? Experience shows that clients need ongoing benefits counseling, even while they are working.

A4: Benefits counseling can be provided on an on-going basis.

The state of Illinois has a program to provide current information on benefits and related regulations. This is the Work Incentives Planning and Assistance (WIPA) project. These projects are available in three offices – which serve different areas of the state.

1. Mayor's Office for People with Disabilities (City of Chicago)
 - a. 1-312-746-5743 – voice
 - b. 1-312-746-5713 – TTY
2. Illinois Dept. of Human Services,- Division of Mental Health
 - a. 1-866-390-6771- Voice
 - b. 1-866-390-6776 -TTY
3. Illinois Dept. of Human Services – Division of Rehabilitation Services
 - a. 1-800-807-6962 - Voice
 - b. 1-866-444-8013 - TTY

Secondly, you should bill according to the service that is being provided. It may be a vocational service or it may be community support or case management.

Q5: Does the agency receive the milestone payments?

A5: Yes, the agency receives the milestone payments. However you must first have an agreement with DRS in order to receive the payment.

Q6: Regarding the 40% requirement for services to be provided in natural settings. Is this the number of incidents or the amount of time?

A6: The 40% requirement for services to be provided in natural settings will be based on total time, not the number of contacts.

Q7: Is it OK to add a vocational goal to the client's treatment plan without updating the mental health assessment?

A7: No, you also need to update the mental health assessment. The goal is on the treatment plan because it is an assessed need for the client. The non-Medicaid vocational services must meet the same standards as any Rule 132 service with regard to assessment and treatment planning.

Q8: We provide vocational services at a different location from our clinical services. Would the vocational center qualify as a natural setting?

A8: No, not if it is a provider site. If the location was a one-stop center, it would qualify as a natural setting.

Q9: If we have a client who achieves milestones and we receive payment from DRS, can we still bill DMH? Wouldn't that be double billing?

A9: Yes, you may bill DMH. It is not double billing. The payment from DRS is for outcomes, i.e., one day on the job, 30 days on the job, and DMH pays for services that support the client and related vocational outcomes.

Q10: On the SE payment grid, it states that ACT clients ages 14 and up can access the engagement services and vocational assessment services. I thought that clients have to be 18 years of age or older to be in ACT. Can you clarify?

A10: Yes. The payment source column and the comments column were not intended to be associated with each other. We will clarify on the grid that ACT vocational services can be provided only to clients 18 years of age or older.

Q11: Regarding the mental health assessment, do all clients have to be assessed for work or only those interested in a job?

A11: Agencies that really embrace recovery and believe that work is integral to recovery include work in the mental health assessment. At a minimum, you must address the requirements of Rule 132.

Q12: Who are the contact persons with DRS?

A12: Gene Oulvey is the point person for DRS. Each region also has a program adviser. It is also good to introduce yourself to the local DRS office. You can also contact DMH regional staff for assistance in identifying local DRS staff.

Q13: Our agency has a job readiness class focusing on such items as appropriate dress and relationships in the work place. We also have a computer class. Can this be billed as vocational services?

A13: No. Job readiness could possibly be billed as a pre- vocational part of PSR. We would suggest these services be moved off site, optional, time limited, and structured to meet the requirements for vocational engagement or job finding supports. The research shows that focusing on a specific job and the related responsibilities is more successful than a general job readiness.

Q14: Does a client have to be open to DRS in order to bill the vocational services to DMH?

A14 : No.

Q15: Is the vocational profile part of the EBSE toolkit?

A15: Yes. There are also other resources. The book "A Working Life" by Debbie Becker is excellent.

Q16: Community Support skill building sounds a lot like case management, what is the difference?

A16: Case management is linkage and advocacy, and Community Support is helping the client to integrate into their natural environment.

Q17: On the payment grid under Engagement and Vocational Assessment, it states that it "does not include pre-vocational provider-based programs". Why?

A17: The research shows that these types of jobs - for example, work crews at the agency - do not generalize into competitive employment.

Q18: The service you describe sounds like it requires a lot of one-on-one time. Our staff are already stretched thin. Do vocational services include classes to help someone understand and prepare a person for what they may need for a job, for example interview skills and completing a resume?

A18: This type of service has been shown to be effective when it is geared toward a specific position for which the client is applying. Generalized interview skills or resume training is not. It has been shown that getting actual experience in real life interviews and completing resumes for jobs the client is applying for is the best way to do this. Note that there is a maximum caseload of 25 clients per vocational specialist.

Q19: The objectives that you present in the case study don't have all of the components that BALC requires in their guidelines. Can you clarify the requirements for the goals on the treatment plan?

A19: This document was not developed for training on the completion of a treatment plan. Medicaid has requirements on what is needed for those services, and Rule 132 is very specific. However, these are non-Medicaid services that are not audited by BALC

Q20: Our agency receives DRS payment for a client with 90 days on the job, is this the same as milestones?

A20: No, the 90 day cooperative agreement is not the same as the milestone agreement.

Q21: ACT and employment services at our agency are separate. Since an ACT client must receive all services from their team, how can we coordinate the two?

A21: The evidence-based model for ACT requires one of the staff to have special training in vocational and educational support.