



Vocational and Educational Services for Individuals with Disabilities

Supported Employment

Questions & Answers

Supported Employment RFA-2003-04

Questions and Answers for Applicants

1. **Question:** Why did VESID use historic reported SE direct services data to establish average expected hours of direct service in the application?

Response: VESID needs to utilize some existing body of accepted data upon which to initiate the new SE funding mechanism. The fiscal authorities who will ultimately approve this new design will require that we base the principles of the design upon established data.

2. **Question:** What if providers under-reported those hours because they made errors in their reporting or could not provide sufficient services because funding was not available to do so.

Response: Providers have always been required to report all hours of service. If they reported erroneously, either higher or lower than what was actually provided, we still must use that most current data as indicators of average intensity of services.

3. **Question:** Will applicants be held to or limited to the average number of hours they provided

historically? Will those average historical hours place a cap on services by a given provider or to any specific disability group?

Response: No, there will be no such caps. We expect that each applicant will define what they expect to need to provide the outcomes they have predicted in their application. Review teams scoring the applications will base their scores on the applicant's projections, their history of services and the expected population to be served.

4. **Question:** Why didn't VESID utilize the historic services data of each provider to build the expected number of hours of service.

Response: The SE RFA must be an open and competitive process. VESID cannot use provider-specific data to plan utilization as fiscal authorities would view this as unfair to new applicants. As noted above, VESID expects that all applicants will use the application process to describe both their SE history, as applicable, and the needs of their program as required to achieve the goals they predict in their application. Reviewers will be trained to assure that quality of programming receives appropriate consideration and statewide consistency.

5. **Question:** What is the significance of the number 6 that VESID proposes to use for the number of applications to be selected for each county and major disability group?

Response: VESID is seeking the greatest flexibility in meeting local needs while minimizing unnecessary disruptions in service. Six was the largest number that the fiscal authorities would permit for the selection process in each area. If six cannot meet the need, we can go further down the list, as long as an application scores at least 70 points out of the possible total of 100.

6. **Question:** How will providers be reimbursed for the costs of services provided prior to the actual determination of eligibility by VESID.

Response: VESID is not permitted to reimburse for services provided prior to a determination of eligibility and approval to provide SE services by a specific provider.. VESID will develop options for support of assessment services for potential supported employment consumers via UCS contracts.

7. **Question:** How were the hourly rates developed?

Response: The Education Department's Rate Setting unit established the hourly rates and the geographic areas included in the three hourly rates developed. They did so by collecting direct service data from providers of supported employment services across the state. Appropriate indirect and fringe costs were added to the direct staff costs submitted by providers. Calculations were made which created hourly rates which could be supported by the funds available to VESID for this purpose.

8. **Question:** Why aren't the hourly rates disability-specific?

Response: Because the direct service data from providers did not support such significant difference in rates per rehabilitation based upon disability. Rather, higher costs were related to the need to provide more hours of direct service to certain disability groups.

9. **Question:** How were the three geographic areas covered by the three hourly rates determined?

Response: From the direct service data submitted by providers.

10. **Question:** How did SED verify the direct service cost data that was submitted by providers?

Response: SED compared those reported costs to those included in the most recent Consolidated Fiscal Reports (CFR) submitted to OMRDD and OMH and found that they were consistent.

11. **Question:** Providers need quarterly advances in the new SE funding mechanism. Why is there only one quarterly advance built into the system?

Response: Providers are currently receiving a single quarterly advance at the start of each annual contract cycle. Advances will be provided for the first quarter with subsequent payments tied to services delivered. Cash-flow will be determined by the volume of services delivered and the timeliness and accuracy of provider reporting.

12. **Question:** If quarterly advances are not possible for each quarter, can VESID reimburse on a monthly basis?

Response: VESID and OMH have examined the structure of NYISER to determine if it could be utilized to generate monthly reimbursements and have found that it is not possible to utilize the system to do so. It also isn't practical to make the substantial changes to NYISER which would be necessary to effect such a system.

13. **Question:** Why didn't VESID add milestone and incentive payments or create a reserve fund to supplement rates where VESID determines the need to do so in instances where SE services are being provided to the most difficult to serve.

Response: VESID, and the stakeholders working with

VESID in this design, discussed that disability-related issues are best addressed in rates via the number of hours provided to individuals served. The cost data from providers does not support the establishment of disability/specific hourly rates. VESID expects that applicants, for any disability group, will apply for the hours needed to provide the services and outcomes predicted in their application. VESID does not intend to include milestone or incentive payments as that would require that hourly rates be lowered in order to provide available funds for such payments.

- 14. Question:** Why did VESID "cap" the number of hours available to providers in their new SE contracts and not pay upon actual utilization? What is the plan if more hours are required to provide necessary support to an individual?

Response: VESID cannot expend an amount higher than the total amount in each contract. VESID can amend contracts when additional services needs are identified. This is defined as additional individuals requiring services, not additional hours being added to current contracts within the predicted number of individuals to be served.

- 15. Question:** What is the definition of "direct service hours" which will serve as the billable hours for SE in the new funding mechanism.

Response: VESID is not changing the description of direct service which is in the "Provider Guidelines for Supported Employment" and included as reporting items # 17 to #20 in NYISER. In these documents, direct service includes:

- Screening and assessing the individual
- Advocating for the individual prior to employment
- Developing jobs and placing the individual with an employer
- Assessing the individual's involvement in volunteer or unpaid work to help determine his/her skills
- Identifying necessary on-site supports to maintain employment through the individual's involvement in situational assessment
- Staff travel to provide these services
- Hours of on-site intervention
- Hours of off-site intervention, including social, travel, money management or any other life skills training and for interventions needed for the consumer to remain employed. Includes staff report

writing and staff travel for off-site advocacy after the person is employed

- 16. Question:** What is allowable for advocacy services, in total hours and function, in the program?

Response: VESID does not restrict or define advocacy beyond what it included in the "Provider Guidelines". Keep in mind that excessive allocations of hours of advocacy or other pre-employment hours will draw down total contract value and could result in fewer placements and rehabilitations as a result. It is expected that providers will manage their program within the total hours of direct service included in their contract.

- 17. Question:** How will VESID assure that providers will be able to start services in a timely fashion without delays in the VESID eligibility-determination process? How will providers be reimbursed for the hours of service provided prior to such eligibility determination?

Response: Like all VESID-sponsored services, SE may not commence until a VESID counselor has completed the eligibility process, the plan of service and referred the individual for SE services. We recognize that delays occur and we are working to facilitate the process. Providers may not bill for services which they might provide prior to the completion of the VESID eligibility, plan completion and referral process. In addition, providers may not bill for any number of hours, per individual consumer, which were not authorized by the VESID counselor.

- 18. Question:** What happens if VESID's counselor-induced delays cause a provider to draw down fewer than the total hours in their SE contract?

Response: Providers are required to manage their SE programs within available resources. Costs must be balanced with the total number of referrals and ongoing participants. Payment will be made only for services provided.

- 19. Question:** How can new SE providers apply for start-up or seed money via a VESID grant?

Response: VESID does not have the funding for start-up. New providers should begin their programs in the smallest-possible fashion and with their first advance payment from

VESID. Then, growth in staffing and other costs should be based upon incoming referrals. Note that this process is not a grant; the RFA is a competitive service-provision contract on an established fee basis.

- 20. Question:** Will reimbursements in the new SE program be for billable hours or for rehabilitations?

Response: Reimbursement will be for billable hours.

- 21. Question:** If reimbursements are for billable hours, why are applicants required to project numbers to be served and rehabilitated?

Response: These indicators are required to track contract performance and to control for the possibility of excessive services being provided to very few individuals.

- 22. Issue:** What other issues will affect the total value of the contract during its lifetime? What factors will VESID use to determine if contracts need to be altered, either at the start of a year within the 5-yr. contract life or during a contract year?

Response: Applicants will be required to project the number of individuals to be served, by disability group and county/borough, and the number of rehabilitations by disability group. Reimbursements will be made by billable hours, however the contracts and services will be monitored, and possibly adjusted, utilizing actual rehabilitations, and other goals described in each application. Providers will be required to manage within the total number of hours included in their contracts, unless VESID refers more individuals to their program than are included in that contract/utilization plan.

- 23. Question:** Why does the RFA require applicants to project the average numbers of pre-employment, onsite and offsite hours by major disability categories?

Response: For the first time, supported employment services will be individually authorized by VESID counselors in VESID's automated case management system (CaMS). Counselors need some indicators of both total direct service hours anticipated as well as the likely numbers of pre-employment, onsite and offsite hours. In every instance, VESID counselors will have the option of authorizing a different number of hours, based upon

individual needs. These estimates will minimize the need to alter such authorizations.

- 24. Question:** What happens if a providers bills VESID for more direct service hours than were authorized by the counselor?

Response: VESID can never reimburse for more services than are authorized. If a provider anticipates the need for additional hours, these must be approved by the counselor with a new or revised authorization in the CaMS system.

- 25. Question:** VESID recently sent providers summaries of their most recent NYISER reporting.

Some providers have found that VESID's data does not agree with their own, particularly in the number of rehabilitations achieved by the provider. How will VESID reconcile those differences?

Response: VESID is aware that the number of rehabilitations reported by providers is typically higher than that identified in the VESID consumer database. This is because some rehabilitations identified by providers do not meet VESID's criteria, others are not reported to VESID and others are not appropriately closed by VESID counselors. The new reimbursement system will be based upon VESID's automated case management system (CaMS) for the first time and will end this discrepancy. With reference to the total number of direct service hours reported by providers, we have found that, in nearly every instance, providers found that the VESID data was, in fact, as reported by the provider. In the few instances where this was not true, VESID is making adjustments to assure that data will be correct in the future.

- 26. Question:** Can providers correct the historical NYISER data being provided to VESID review teams so that applicants to the RFA are not penalized?

Response: VESID cannot alter NYISER data retroactively. However, VESID will provide RFA review teams with updated data in any instance where a provider can document that direct services hours were inaccurate. With reference to the number of rehabilitations reported, VESID review teams know that this data is under-reported and have their own office data which tracks actual rehabilitations. They will use that local data in their reviews.

27. Question: Will a provider be able to serve individuals in a major disability group for whom they were not approved as a result of the RFA?

Response: No, they will not. Referrals will be made only to providers who have been approved to serve a given major disability group in a given county or borough. For this reason, it is important that providers apply to serve every major disability group they believe they can serve, particularly if they have served them in the past.

28. Question: Isn't there a disincentive built in for a provider who applies to serve a given major disability group or groups but doesn't receive referrals for that group? Wouldn't that show up as a failure to serve/rehab. individuals in that group?

Response: It would not be a disincentive because VESID would not consider such a scenario as a negative performance on the part of the provider. Furthermore, VESID will not be tracking actual hours delivered by major disability group, once the contract is awarded. Tracking will be by total hours delivered and total individuals served/rehabed.

29. Question: If a provider does not apply for/receive approval for a given major disability group in its Intensive services program, will it be permitted to continue to serve individuals in that disability group in their Extended program?

Response: Yes, it may. Existing Extended consumers will not be transferred. New Extended consumers from major disability groups not served in Intensive services would not be referred to that provider for either Intensive or Extended services.

- 30. Question:** What will happen to the Extended slots occupied by those individuals transferred into VESID Extended by OMRDD, as effective 7/1/03?

Response: Those individuals will continue to be funded at the \$3,200-/yr. rate as long as they remain in supported employment and continue to receive required SE services. If these individuals leave SE (such departure is defined as the absence of reporting SE Extended services in NYISER for one reporting quarter), their Extended slot will be eliminated. If such individuals leave Extended SE for additional Intensive SE services, however, they will return to SE Extended services at the \$3,200- for as long as they continue to require and receive such Extended services. VESID has established a system of tracking each OMRDD-transfer individual for this purpose.

- 31. Question:** It is my understanding that placement and retention 90 plus days in a tenant worker program or social enterprise business operated by our own organization does not constitute a rehab. Is this true if we place our consumer in a tenant worker program or social enterprise business operated by an organization other than our own?

Response: There is no single answer to this question. It depends on the structure of what you identify as a tenant worker program or social enterprise business. Supported Employment is a service where integrated employment is provided on the site of a community-based employer with ongoing support provided by a not-for-profit agency. The work must be paid work and must be a real job (not off-the-books, not volunteer).

- 32. Question:** Are consumers who are employed by us at better than minimum wage and assigned to work at our program sites and social enterprise businesses in jobs that would otherwise be filled by non-consumers, for 20 hrs week or less eligible for VESID authorization for supported employment services? Is the answer the same if they work more than 20 hrs week? This is asked with the

understanding that the VESID counselor determines that they need supported employment services to maintain these jobs. Supported employment services provided would be those stated on pg.10 of RFA.

Response: Again the issue is integrated employment. What you describe appears to be form of sheltered employment, regardless of the number of hours of employment.

- 33. Question:** Can you restate the reimbursement formula for group services? If there are 8 consumers in a Career Club and 2 staff facilitating the group then each consumer may be billed for ¼ hr—is this the formula? Are eight consumers the limit for group reimbursement or can more be reimbursable with justification?

Response: Eight individuals is the maximum number permitted by VESID for any group supported employment service. In your example, if 8 participants are served by 2 staff for one hour, then the total number of hours of service is ½ hour per participant.

- 34. Question:** Is the process for a consumer to secure VESID AUTHORIZATION for the purposes of this RFA the same as for other VESID authorized services? Is there a fast track?

Response: The process will be same as for any other VESID service. While there are some Fast Track programs in place, and plans to establish additional ones, there is no single method to alter the required VESID eligibility and plan development process.

- 35. Question:** Currently, VESID counselors refer consumers for Situational Assessment via voucher. Will they be able to continue with this practice?

Response: Effective, 7/1/04, all supported employment services are to be provided via contracts approved as a result of this RFA. VESID counselors will still be able to authorize limited assessment (for determination of appropriateness for SE services for individuals who have been determined eligible for VESID services) and job coaching (to "save" threatened jobs, for example) services, however such services will not be provided within the SE contracts. Such assessments are to be provided in community/employer-based settings.

36. Question: If after the Situational Assessment, the counselor and consumer agree to make referral to S. E. Intensive Services to our agency but our contract is full, what happens with the consumer? Will the counselor be allowed to make referral to S. E. via voucher.

Response: Each SE provider will be required to manage their program within the total hours of direct service included in their contract. If VESID refers more individuals to the program than were included in the provider's goal of "individuals served", then VESID will amend that contract if funding is available to do so. VESID counselors may not supplement a supported employment contract with vouchers for case service funding.

37. Question: After consumer completes intensive phase and 90 day stabilization and extended services are needed to maintain employment, will the counselor be allowed to refer the consumer for Extended Services under VESID contract? (that is, consumer does not qualify for OMRDD, does not qualify for OMH or there are no OMH open slots and there is an open VESID S. E. Extended Services slot).

Response: VESID counselors do not authorize Extended services. It is required that the provider provide a reasonable assurance of the availability of an Extended services slot, and the likely funding source for that slot, at the time that the Intensive services referral is accepted by that provider. This is the same system which has long been in place.

38. Question: When there are no open slots in either the Intensive or the Extended part of the VESID S. E. contract, what can VESID allow the counselor to do? Will counselors be allowed to voucher for s. e. intensive as well as extended services? Will the consumer be left without services?

Response: VESID counselors will not be able to supplement supported employment contracts via vouchers. VESID will need to monitor its statewide capacity for supported employment services against needs and available resources.

39. Question: On the 8 persons per group: There are more than 8 consumers in a company or business but they use the same facilities of the company, doors, lunch breaks, etc. Furthermore, these consumers work at different sections of the company. Consumers are at different phases of S. E.

What is VESID's position on this scenario?

Response: While it's difficult to define a position based upon such limited information, it would appear that this is not a group but numbers of supported employment participants who happen to be working for the same employer. The key phrase in your question is that "...these consumers work at different sections of the company." A definitive answer would require more detail concerning that fact.

- 40. Question:** On page 19 of the application there is a chart having a column of funding sources and a column for us to fill in the "Number of FTE Consumers" for each of the funding sources. Is "Number of FTE Consumers" the number of FTE's of personnel devoted to providing the extended services, or is it the number of FTE's that the consumers are working in total? Or is it something else entirely?

Response: FTE refers to the projected number of Extended consumers by expected funding source.

- 41. Question:** Regarding the chart on page 17 of RFA proposal # 03-025, should the average # of pre-employment hours and average # of onsite/offsite hours be per person or per # of people served or per # of people rehabilitated? For example, if we anticipate serving 15 MR individuals and rehabilitating 10 MR individuals, should the chart indicate average # of pre-employment hours be per person or per person multiplied by 15, or multiplied by 10?

Response: You are projecting average direct service hours for all persons you project to serve in your program.

- 42. Question:** Is VESID fee for service included in this contract or is it strictly the VESID grant? Will VESID fee for service still exist?

Response: First, this RFA is not a grant; it is a competitive fee-for-service contract arrangement and will include all supported employment services, both currently in contract and paid via a voucher/off-contract arrangement. All other supported employment fee-for-service arrangements will end effective 6/30/04 with the exception of some limited ability to purchase assessment to determine appropriateness for SE and to provide short-term job coaching to "save" jobs that might otherwise be lost.

43. **Question:** Will the contract years run from July 1 through June 30 as they presently do, or will the contract run as a calendar year?

Response: The contract year will be July 1st to June 30th.

44. **Question:** Will we continue to be paid in the same manner for our VESID-E slots as in other years?

Response: Yes, your total VESID funding for Extended services (including those individuals transferred from OMRDD effective 7/1/03) will be paid to you in four quarterly payments. These payments are not related to the billable hours of service for Intensive services. Hours for Extended services must continue to be reported to NYISER but billable hours are only for Intensive services which end with stabilization.

45. **Question:** Could you please tell me if there is a page limit to Section A - Background of Applicant Organization?

Response: No, there is not.

46. **Question:** Please define group services. For example, if we wanted to start a mobile maintenance work crew, would this be considered a group service and how would something like this be funded?

Response: Group services are limited to a maximum of eight individuals but must meet all other supported employment requirements, including integrated employment on the site of a community employer. For more details, see the "Provider Guidelines".

47. **Question:** On page 10 there is a list of direct services. The list includes pre-employment services to determine where the person's skills lie (assessment), but does not describe pre-employment services rendered to help elevate the persons skills to where they may need to be to obtain community employment, i.e. teaching proper interview skills, providing assistance with resume development, working to develop the appropriate follow through, commitment to the job search and a positive attitude toward working, etc. Is that what VESID is considering advocacy?

Many times, these services are required before an individual is even ready to seek employment. Will these job preparedness services be considered direct billable services?

Response: The services described are appropriate pre-employment and advocacy functions. VESID is not specifically defining such services, nor limiting their provision; however, be aware the provision of, and the projection in the RFA of, excessive pre-employment hours may adversely affect the scoring of an application, particularly if the application does not clearly justify the need for such pre-employment services. While such pre-employment and advocacy services are necessary and appropriate, their excessive use could limit the number of contracted hours available for placement and support services. Remember that VESID is purchasing employment, not only pre-employment services.

- 48. Question:** The application calls for a projection of numbers served as well as Rehabs. How will VESID address a situation where an agency has been approved for a certain number to be served, but that agency's local VESID office is not sending the number of referrals necessary to meet this goal?

Response: VESID District Offices reviewing applications have been instructed to not contract for services in excess of expected need for any given contract year. If referrals are lower than expected, however, the contracted provider will be paid only for service hours actually provided.

- 49. Question:** If the number of people projected to be served by an agency is met, but the number of rehabs is not, how will this effect the agency's contract/renewal?

Response: In general, such performance will result in a smaller contract for the subsequent year. VESID also has the authority to alter a contract during a given contract year, based upon performance, need for services and related program factors. VESID will not be using achieved rehabilitations as the sole indicator of performance.

- 50. Question:** When addressing the "served/rehabilitated"

portion of the table on page 17, you stated in the video conference that the rehabilitated number is a subset of the number served. So, if an agency projected 20 people served/ 10 rehabilitated, the total number of people served (upon which we make our service hour calculations) would be 20. Is this correct?

Response: That is correct. It is not possible to rehabilitate more people than you serve.

- 51. Question:** Also in the video conference (and the RFA) it was stated that an agency would be held to it's contracted amount. Am I correct in assuming that the bottom line figure is the total number of service hours granted to an agency for a year? Does it really matter if an agency serves more than their projected number of people as long as they stay within the total number of hours granted to the agency?

Response: The assumption that the bottom line is the total number of contract hours is correct. Yes, more individuals could be served as long as the total number of contracted hours was not exceeded. In instances where VESID referred more individuals than are projected in a given contract, and sufficient contracted hours were not available, VESID could increase the contract if funds are available to do so.

- 52. Question:** What will be happening with the people that are currently under the old VESID contract system? Will they transition into the new system and how will this be done?

Response: VESID is committed to continued services for all individuals currently in supported employment services. Some individuals may be served by a new provider, depending upon the outcome of the application process.

- 53. Question:** We have a history of vouchering VESID for hours of service. Please advise as to how service hours are reimbursed for this RFA. Are payments based on vouchers

against complete hours? Does a service hour have to be 60 minutes in length? How does one get reimbursed for services per contact that may be for less than one hour?

Example: Job development contacts may be for less than a complete hour.

Response: Providers will not be completing vouchers for reimbursement under this system. Their NYISER total of direct service hours will be converted quarterly into a payment which will be made to the provider with no billing required by the provider. A service hour is 60 minutes in length but is computed by adding up all of the fractions of hours, in quarter hours, in a given quarter and then rounding up to the next full hour. For example, 16.25 hours of service would be paid as 17 hours of service.

For example; for a single quarter (three month) reporting period with hours of services as follows- month one-10.5 hours, month two-8 hours, month three-7 hours = 25.5 hours for the quarter. This should be reported as 26 hours for the quarter.

- 54. Question:** We receive Case Service Funds for Transitional Placement for Deaf Consumers. On page 9 of the RFA under Contract Type it states: Type: Federal/State Supported Employment and Case Service Funds Do we include the Transitional Service Hours we provide in this RFA?

Response: Depending upon the actual content of your program, this might not be a supported employment service. If it is, you must apply for it and for all current supported employment services via this RFA.

- 55. Question:** If we haven't served a consumer in Disability group of TBI or Physical Disability within the last 12 months, but have in the last 24 months, should we project that major disability group on our application?

Response: If you have the ability to serve a given major disability group and think you might serve anyone from that group during the duration of this program, you should

include them in your application.

- 56. Question:** Under the "Service Provision" Intensive Services section of the Application Form, do the last two questions need to be answered once or for every proposed disability group to be served? The questions (on page 19) are: "How does the projected capacity of the proposed program differ from the current program, if applicable?" and "Describe how individual service plans will be developed and maintained."

Response: If they differ, answer them more than once. If not, refer back to the first description.

- 57. Question:** In the "Service Provision" Extended Services section of Application Form, do we need to answer the last three bulleted questions (pages 19-20) for VESID funded extended services only, or do we need to answer for all extended services?

Response: For VESID-funded Extended services only.

- 58. Question:** What is the cost of the NYISER reporting system; is it a one-time cost or is there a monthly or quarterly fee to use this system?

Response: There is no fee to providers for use of the NYISER system. VESID and OMH share the cost of the system.

- 59. Question:** Will VESID be providing training on the use of the NYISER to new providers?

Response: Yes, VESID is currently planning training for all providers and for VESID staff in the new supported employment program starting as soon as providers are identified from the results of the RFA.

60. **Question:** At what percentage will programs be expected to meet their rehab. outcomes? Will there be any leniency allowed for programs during their first year as they are in the infancy stage of their program?

Response: In general, it is expected that providers will fully meet their rehabilitation goals. For new providers, VESID expects that there will be a required start-up time. It's important that providers keep VESID staff informed of issues which might affect performance.

61. **Question:** What is the appeals process if a provider disagrees with the number of units of service that VESID wants to purchase as a result of the RFA?

Response: There is no appeals process. VESID will determine what it needs to purchase to meet its' consumer needs. If an applicant is asked to provide a smaller program than is included in their application, they must determine if they can provide the program at that level or decline to provide the service.

62. **Question:** If during the electronic transfer phase of the application, the page length changes, is there any penalty if any portion of the narrative exceeds the specified length?

Response: No

63. **Question:** If a staff person, such as a job coach, did not submit a resume at time of application for the position, what would you suggest we do so as to be in compliance with the "eligibility of applicant organization" section? Is it alright for them to develop one after the fact?

Response: Yes, you can submit a new resume.

64. **Question:** Would it be acceptable to do a synopsis of each staff person's relevant work experience and education rather than a resume for each? I don't want to ask my staff to update their resumes as they might then decide to apply for jobs they come across as they are doing job development. For me to do resumes for every staff person would be very time consuming - time that I really need to spend on doing the RFA and my other responsibilities. I think you would want to know each person's relevant work experience and education, but would not need to know their address, phone

number, or work experience that is not relevant. Would a shorter version with this information be acceptable?

Response: Yes, that suggestion is acceptable.

- 65. Question:** I was surprised when I got the data from VESID on the hours of service by disability group that we had some hours of service listed for a person with a physical disability, as it is not one of the groups we have applied to serve. Some of our consumers may have physical disability in addition to their cognitive disability, but the physical disability would be, in my opinion, a secondary disability. VESID counselors do not always indicate (when there is more than one disability) which they have listed as the primary disability and which as the secondary disability. Is this going to be a problem once the new contract is in effect? If so, can VESID have the counselors clearly indicate on the referral which disability they have listed as the primary disability so we don't serve someone we're not approved to serve.

Response: Our summaries of persons served by disability were based upon the primary diagnosis in our own consumer database. It is possible that providers are occasionally given a secondary diagnosis, particularly if the VESID counselor believes that such a secondary diagnosis is the major impediment to employment for that individual. In other instances, a mistake could be made. Providers will not be penalized for such issues and contracts will be monitored by total individuals served/rehabed and hours utilized, and not by the specific disability groups. It might be necessary to adjust the contracted hours in future contracts, based upon our experience in the actual distribution of contract hours, but we are likely to do so within the total contracted hours, assuming all other factors are equal.

- 66. Question:** What is the definition of pre-employment hours? Can pre-employment hours include onsite and offsite interventions? What are onsite hours for pre-employment and do they include service delivered at a volunteer site?

Response: Pre-employment hours are services provided to assist an individual in preparing for and securing employment. As such, pre-employment always occurs offsite. Supported employment is defined, in part, as paid, integrated employment. Volunteer work is not supported

employment. For more details, read the "Provider Guidelines".

67. **Question:** Will payment be allowed for all individuals served (to meet the number of rehabilitations) or will payment be only for individuals if agencies request and receive approval to provide services to all disability groups and then do not receive a referral in a particular category (i.e., TBI), will those hours be available to use for individuals in other disability categories?

Response: Payment will be made for eligible direct service hours for all individuals served. All such individuals served must be authorized for such services by the VESID counselor. Although providers may serve only those major disability groups for which they were approved via this application process, contract hours will not be restricted to a given disability group but will be available in total.

68. **Question:** For documentation of services, we would continue to write notes that describe the service, the individual's progress and status, and then indicate the number of hours for that particular service. Please provide recommendations for recording this information to meet VESID requirements and ensure proper billing under the new system.

Response: Reporting will generally follow the same processes as are now in place. VESID has made the decision to minimize reporting and reporting changes. Providers will send the same program reports to VESID counselors and district offices as they do now. Billing will actually be simplified because the current NYISER quarterly reports will be utilized to summarize direct service hours for billing purposes. Providers will not need to submit vouchers or quarterly expense reports in order to receive payments.

69. **Question:** Since report writing is an accepted off-site service, how would VESID suggest we document that for billing purposes?

Response: All billing for direct service hours must be tracked to an individual consumer, including the time expended in report writing. Include that in quarterly NYISER reporting.

70. **Question:** We continue to have difficulties with the NYISER system as it retains incorrect information from one

quarter to the next, which compromises the data. What is VESID doing to ensure that the system is working properly?

Response: NYISER was substantially revamped earlier this year and a few providers have had technical difficulties. This problem is being addressed with individual providers. We will assure that providers do not have payment difficulties because of any remaining NYISER system problems.

71. **Question:** Please explain how we are going to get reimbursed for individuals who receive intensive services in April -- June of next year but are not rehabed until July, when the new hourly billing system takes effect. These individuals will be in extended by then and we won't be able to bill for VESID services.

Response: Providers would not be able to bill for Intensive hourly services for individuals who are in the status described in this question. On the other hand, all individuals transitioning to new contracts, effective 7/1/04, will begin generating direct service-billable hours on the first date of those new contracts.

72. **Question:** Is my understanding correct that an agency cannot provide and be paid for hours of service beyond the estimated number per disability group that is approved in a contract? In other words, will reimbursement be capped at whatever number of units is in the contract?

Response: That assumption is not correct. Once the total hours of service are determined for a given contract, they will not be capped per disability group but will be utilized as a total available number of hours. The total number of hours in the contract will be the cap.

73. **Question:** Will hours of service be evaluated and reimbursed solely on the basis of disability group or will they be considered as a whole? For example what if an agency overserves for MR, but underserves for MI?

Response: Particularly for this first year under the new hourly payment system, VESID will not hold providers to the total hours for a give major disability group. Payments will be made based upon the total hours in a given contract.

74. **Question:** When the RFA estimates result in total contract monies for each approved service provider, will this be

determined by multiplying the projected number to be rehabilitated by the estimated number of direct service hours or by multiplying the projected number to be served by the estimated number of direct service hours?

Response: The total contract value will be the total number of hours approved for all persons projected to be served in the contract.

75. **Question:** I am currently an existing provider and previously submitted an RFA similar to this one. I have a few questions regarding this new application: Is there a real difference in the first RFA and this one, with the exception of numbers served that may have changed? Can you please highlight major differences for me? Would it be possible in the effort of meeting the deadline and being time effective to review the previous RFA and submit it with any necessary changes instead of completing all over again

Response: The programmatic descriptions required in the current RFA are largely unchanged from the previous RFA. The major difference is that rates have been converted to hours and fixed by region. Applicants are no longer bidding against rates and need only to describe their program and projected numbers to be served and rehabilitated by major disability group. It is likely that providers will be able to use much, if not all, of their previous program descriptive and background materials in this RFA. The previous RFA was discarded when VESID determined that it could not implement its results. Therefore, we cannot provide you with a critique of your previous submission and could not do so without compromising the competitive requirements of the current application process.

76. **Question:** During the bidders conference you indicated there will be an upcoming RFA for "fast track programs"- please share any details you have on this.

Response: VESID will make such facilitated eligibility determination processes available in its upcoming Unified Contract Services RFA which will be released during the Spring of 2004 for a 1/1/05 effective date.

77. **Question:** In order to meet our goals in providing services for a set number of consumers, will VESID generate a portion of referrals to us?

Response: Yes, it is anticipated that the established practice of referrals flowing in both directions will continue.

78. **Question:** We are proposing to convert to PROS next year. As such, I assume we must maintain a distinction between consumers served under PROS for which we bill medicaid and consumers served under this VESID contract. That is, can we bill medicaid for services being reimbursed by VESID?

Response: While we do not know the specific effects of the PROS initiative at this point, Medicaid-reimbursed services may never be a duplicate of VESID-reimbursed services. VESID is federally mandated to secure all such available benefits prior to the payment of VESID dollars. Accordingly, providers will not be able to bill for both VESID-funded and PROS-funded Extended supported employment services, as an example.

79. **Question:** Please provide a detailed list of what constitutes direct service hours.

Response: See pages 9 and 10 of the RFA.

80. **Question:** Please clarify the difference between "transitioning" to extended and the date declared rehabbed or 26? Should the hours "following stabilization" (transition to extended - 30 days, 60 days, and 90 days) and "closed" (26) be billed through the VESID Contract?

Response: Billable hours of direct service for supported employment contracts are only for Intensive services which end at stabilization and transition to Extended services.

81. **Question:** Without any long term follow along money or contract, will VESID accept as part of this RFA a proposal for such a contract? If not, then what will the end result of SE referrals to programs like mine that do not have a follow along grant in place?

Response: This RFA is for both Intensive and Extended services. If you do not include projections of Extended services in your application, or describe an arrangement with another provider to provide Extended services for consumers completing your Intensive services program, your application will not be approved. VESID also will not be approving applications which are only for Extended services.

82. **Question:** Of those non-Medicaid clients who might be in the SE model, how will they be serviced or what is VESID's expectation of services from the providers for these

consumers?

Response: Non-Medicaid eligible MR/DD consumers have already been transferred into VESID's Extended services for supported employment. OMH does not anticipate that any individuals will be denied services as a result of their ineligibility for Medicaid funding as a result of the PROS initiative.

83. **Question:** Can we apply to secure additional funding or serve a new population; i.e. LD/DD; under this new initiative?

Response: Yes, and that's a major reason for this RFA; to secure such additional availability of services.

84. **Question:** What will substitute or suffice the missing IPE or authorization for SE to commence as dictated by federal mandate.

Response: No VESID-funded service may commence until such approvals are made by the VESID counselor. There are no substitutions.

85. **Question:** What is the grace period in submitting quarterly narratives?

Response: There is currently no limitation in place. Remember that under this new system your funding will be determined by the timeliness of such reporting. VESID may also institute some type of time-limit for the submission of NYISER reporting in order to assure that payments are not delayed beyond the availability of supported employment funding to VESID.

86. **Question:** What will the service structure look like; i.e. units per individual, units per service. How is authorization written? When authorized units are expired and consumer needs more, what do we do?

Response: It is anticipated that authorizations for supported employment will follow the same structure as all VESID authorizations. When providers anticipate that they will need additional units of service (hours in this case), they will need to request additional authorization from the VESID counselor. Training will be provided to both VESID and provider staff once the results of this RFA are known.

87. **Question:** Do we have the flexibility to change the order of

the questions asked provided the information requested is covered in our application?

Response: We ask that you follow the application structure. Because VESID will be reviewing hundreds of applications over a very short period of time, we need to be able to find required information in each application.

88. **Question:** Could you please explain how the projected number of direct service hours, will be utilized by VESID counselors to authorize services?

Response: Once the application and contracting process is completed, VESID will generate charts of expected units of service (hours) for each major disability group for each contracted provider. Subsets of expected pre and post-employment hours will also be included for each category. That's why that information has been required in the application. These charts will be available to VESID counselors so that counselors will know the expected number of hours to authorize. This should minimize the need to adjust authorizations during program.

89. **Question;** If for example, the average number of hrs per consumer is 200. Some individuals will need more than 200 and others will need less. Will VESID counselors be able to authorize more hours for those that need it or will there be a limit placed upon the hours of service each consumer can receive?

Response: The VESID counselor will determine the individual need for services and will not be held to a maximum per consumer.

90. **Question:** Will agencies be able to determine how many of the total hours in our contract can be applied to each consumer as long as we do not exceed the total hours for the contract?

Response: Yes, as long as the provider remains within the total hours authorized by the VESID counselor.

91. **Question:** Will agencies be able to exceed total hours in the contract if additional funding is not being requested?

Response: No, and there is no assumption that VESID will amend contracts if such total hours are exceeded. Contract amendments will be based upon additional persons being referred by VESID to a provider, in addition to the total

projected number to be served in a given contract. Amendments will not be based upon additional hours being provided to those served within the total number projected. And, as with every program, contract amendments will be available only if funds are available to VESID to make such amendments.

92. **Question:** Could you please elaborate on what you mean by "how the applicant will measure actual provision of # served and rehabilitated and direct service hrs provided"? Are you questioning how we track data for the above items?

Response: Yes

93. **Question:** Under Extended Services in the chart to be filled in, are you referring to all extended consumers currently in extended as well as those projected to be in extended during FY 2004-2005?

Response: Yes

94. **Question:** If we currently have a consumer who was deemed ineligible by OMRDD (after the conversion) currently in extended who is not being funded at this point by anyone would that mean we are overcapacity and would include that person in the chart under VESID extended along with the individuals we are projecting will not make OMRDD eligibility?

Response: Include all projected Extended consumers in the various categories listed in the chart in the RFA.

95. **Question:** What is VESID's definition of "TBI" with regard to this proposal? Is it strictly limited to individuals who have sustained trauma to the head (car accident, blow to the head, fall) or does it also include those with a "closed brain injury" such as stroke, brain tumors and other conditions. Given that we have not provided SE services in a few years, can we submit the application as a program "not currently providing SE services."

Response: The TBI definition can include all of the categories described in the question. We encourage new providers to apply via this RFA.

96. **Question:** If we are proposing to serve the dually-diagnosed client (mental illness as primary diagnosis and learning disabled as secondary diagnosis) how to we capture that in the RFA. We do not wish to serve

individuals who are only learning disabled, as this is not our area of specialty.

Response: In this instance, apply to serve the major disability of mental illness and clearly state in your narrative that you will serve only those with a dual diagnosis of mental illness and LD/non-MR.

97. **Question:** Must individuals in supported employment be paid at least the statutory federal minimum wage?

Response: That is the preferred, but not the required standard. Individuals must be either earning minimum wage or moving toward earning minimum wage as part of their supported employment program.

98. **Question:** Are resumes required for job coach and job development staff as well as lead administrators?

Response: Yes, but lead administrators are only those directly involved in the supervision and operation of your supported employment program.

99. **Question:** Will contractors be held to a maximum number of individuals or hours? For instance, if a contract is written for 20 people at an average 100 hours (total 2000 hours) and only 1800 hours are used, can additional VESID authorized individuals be served the remaining 200 hours?

Response: Yes

100. **Question:** Will contracts for multiple areas be held to a maximum number of individuals for each specific area? For instance, if Region A ends up with more referrals than Region B, would Region A be able to utilize Region B's unused slots?

Response: No, contracts will be monitored individually. While it might be necessary to shift funding from under-performing contracts to contracts with additional needs, VESID is not setting an arbitrary number of slots by county or district office.

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