



VETERANS AFFAIRS CANADA
REHABILITATION SERVICES AND VOCATIONAL ASSISTANCE PROGRAM
ALL PROVINCES

April 2023

Further to the bulletin released October 2022, (MBC Second Provider Bulletin) Veterans Affairs Canada (VAC) and Partners in Canadian Veterans Rehabilitation Services (PCVRS) want to provide more information so providers can better understand the service delivery changes to the Rehabilitation Services and Vocational Assistance Program (RSVP).

VAC is committed to the enhanced contract with PCVRS to improve the way we support Veterans and their families. We will provide more nationally-consistent, accessible, services that are regularly checked for quality. The new service delivery model will help VAC Case Managers complete their critical role with less administrative burden.

The new service model supports success through the following:

- A fully integrated approach with interdisciplinary services to enhance collaboration between providers.
- Standardized services, including report frequencies and form templates, to help ensure consistency in care and sharing of information with VAC.
- Participants and VAC Case Managers navigate fewer administrative steps, allowing more time to focus on the rehabilitation work.
- 24/7 access to an online portal to submit claims, manage appointments and access resources and training.
- Complex care cases can now benefit from interdisciplinary rehabilitation services. This includes team-based collaborative care, recommendations and reporting from regulated health professionals such as physicians, physiotherapists, psychologists, occupational therapists, and more.
- Trauma-informed training and trauma-sensitive spaces and Gender-based Analysis Plus principles to help enhance Participant comfort level so they can focus on their rehabilitation.
- Comprehensive virtual care services may be available in the Participant's area, or if they live outside of Canada.

The enhanced contract with PCVRS will bring industry-leading rehabilitation services, innovative information sharing, and increased accessibility to better serve Veterans and their families.

PCVRS provides:

- A comprehensive range of evidence-based, high-quality rehabilitation assessments and interventions.
- A performance-managed and quality-assured delivery model.
- A national network of rehabilitation-focused clinics with professionals providing interdisciplinary care.
- Over 20 years' experience delivering interdisciplinary rehabilitation services.

With over 2 million patient interventions across the country annually, including with Canadian Veterans, PCVRS has extensive experience and a proven record delivering excellent client outcomes.

As of November 2022, PCVRS coordinates, administrates, and delivers medical, psycho-social and vocational rehabilitation services for RSVP. Approximately 6% (12K) of VAC's overall clientele (188K) qualify and participate in RSVP.

Attached are FAQ's that provide further details. Thank you for the ongoing care and service you provide to our Veterans and their families. We look forward to collaborating on integrated, high-quality rehabilitation services with you.

Rehabilitation Services and Vocational Assistance Program (RSVP) Frequently Asked Questions

Q: Who is PCVRS?

A: The PCVRS network is a national group of clinicians and clinics that provide interdisciplinary rehabilitation services. PCVRS has over 20 years of combined experience in providing a comprehensive range of evidence-based, high-quality, medical, psycho-social, and vocational rehabilitation assessments and interventions with regulated healthcare providers, delivering over 2 million patient interventions annually across the country, including working with Canadian Veterans.

As of November 2022, PCVRS coordinates and administers medical, psycho-social and vocational services for Veterans and their families (Participants) who qualify for the Rehabilitation Program. Currently there is approximately 6% of VAC participants for the Rehabilitation Program. VAC is committed to the enhanced contract with PCVRS that will bring industry leading rehabilitation experience and services leveraging innovative information sharing, skills and techniques to better serve Veterans.

Q: I am working with a Participant in the Rehabilitation Services and Vocational Assistance Program (RSVP) and their file has transferred to PCVRS. Where do I fit in the new service delivery model?

A: The following table outlines the new service delivery for providers

	Care delivered meets VAC definition of a rehabilitation service, and provider <u>becomes an affiliate</u> within the PCVRS network	Care delivered meets VAC definition of a rehabilitation service, and provider <u>does not</u> become an affiliate within the PCVRS network	Care delivered does not meet the VAC definition of a rehabilitation service (i.e. maintenance)
Continuity of care	Care continues with existing provider as part of PCVRS network	Care continues with existing provider in RSVP as an out of network provider	The VAC Case Manager and Rehabilitation Service Specialist will develop a transition plan in collaboration with the Participant and the provider. Care would continue outside of RSVP through VAC's Treatment Benefits Program (if eligible), provincial services, community supports, etc.
Provider training	PCVRS training is required	Not provided by PCVRS	Not applicable as care does not meet VAC definition of rehabilitation services
Reporting	Use of PCVRS standardized report templates	Report template of provider	Not applicable as care does not meet VAC definition of rehabilitation services
Report & invoice submission	Via PCVRS portal	Via ACMS portal or an alternative method approved by VAC	Not applicable as care does not meet VAC definition of rehabilitation services

Quality Assurance	Reports are quality assured by PCVRS	Not provided by PCVRS	Not applicable as care does not meet VAC definition of rehabilitation services
Rates (Applicable to an existing rehabilitation plan)	Bill at the VAC Benefit Grid Rate through PCVRS for the duration of any existing rehabilitation service	Bill at the VAC Benefit Grid Rate or rate pre-authorized by VAC Case Manager through PCVRS for the duration of the existing rehabilitation service	Not applicable as care does not meet VAC definition of rehabilitation services.
Rates (Applicable to extensions of services recommended in an existing rehabilitation plan)	Any rehabilitation service extensions or new referrals are billed at RSVP contract rates. Invoices are submitted via ACMS portal	Any rehabilitation extensions will be billed at the VAC Benefit Grid Rate or rate pre-authorized by VAC Case Manager through PCVRS. Invoices are submitted via PCVRS portal.	Not applicable as care does not meet VAC definition of rehabilitation services
New RSVP referrals	Yes	No new RSVP referrals will be made	Not applicable

Q: What is the difference between VAC’s Rehabilitation Program and Treatment Benefits Program?

A: Referrals for RSVP rehabilitation services are now made to PCVRS for the coordination, administration and delivery of comprehensive, coordinated and focused rehabilitation care. There is no change to the Treatment Benefits Program (see content below and the attached VAC Services and Benefits Booklet for more information). In the Treatment Benefits Program, a VAC Case Manager or Veteran will continue to contact you directly. You will continue to coordinate services directly with the Case Manager, Veteran and Medavie Blue Cross for all Treatment Benefits.

Q: Who is the service provider for VAC Treatments Benefit Program?

A: Medavie Blue Cross continues to be the contractor for all other health care services and benefits within VAC's Healthcare Benefits Program. If you are currently providing treatment services under VAC's Treatment Benefits Program for non-rehab clients there are no changes to how you receive authorizations, reports, or bill through Medavie Blue Cross and get reimbursed for your services. Please review the Veterans Affairs Canada Services and Benefits Booklet that is provided to Veterans who qualified for healthcare programs, benefits and services. The Benefits Booklet is attached for you as well.

Q: What are Rehabilitation services?

A: VAC defines rehabilitation services as the following:

- All services related to the medical rehabilitation, psycho-social rehabilitation and vocational rehabilitation of a person. This includes any physical or psychological treatment or intervention whose objective is to restore the basic physical and psychological functions of a person.
- Participant needs must be identified through a rehabilitation focused assessment completed by a regulated health professional.
- Rehabilitation services are needs based, time limited and aimed at achieving a specific rehabilitation "goal". The rehabilitation goals and required services are identified from the assessment.
- The services and goals form the Rehabilitation Plan. The Rehabilitation Plan is goal-oriented, short-term and aimed at stabilization, restoration of health and functioning, improving independence and social adjustment.
- Rehabilitation services do not include maintenance for chronic conditions where goals have been met or no further improvement is anticipated. Treatment for the purpose of maintenance is to sustain a current state (note: there are other VAC programs such as the VAC Healthcare Benefits Program, provincial/territorial and community-based services that can meet this need).

Q: What will I receive if I become an affiliate of the PCVRS network?

A: As an affiliate of the PCVRS network, you will receive:

- New Participant referrals for the Rehabilitation Services and Vocational Assistance Program.
- Referrals that match your clinical offering to help ensure Participants needs are met, with consideration to geographic location, gender, culture, official language of choice, etc.
- Implementation of clinical best practices to help ensure Participants feel confident in their care.
- VAC-approved, fillable, quality-assured report templates to streamline and simplify form completion.
- Tailored training to enhance culturally-sensitive care, including (but not limited to) Gender-based Analysis Plus, clinical approaches, crisis care, and the unique needs of Veterans.

- One IT system for ease of invoicing, submitting reports, and receiving documentation for new referrals.
- Enhanced outcomes for your Participant through coordinated care, quality assured processes and standardized reporting.
- Collaboration between VAC Case Manager and PCVRS for timely, effective communication and information sharing.

If you are a provider who does not want to become part of the PCVRS network, and you continue to provide services in line with the rehabilitation definition above, you would be considered an out-of-network provider. You will be able to complete any remaining sessions for active rehabilitation plans and further services as appropriate. You will have access through PCVRS to:

- One IT system for ease of invoice and report submissions.
- Two-way sharing of information as you remain part of the team around the Participants.

Q: Do I need to be part of the PCVRS network to continue seeing my current Rehabilitation Services and Vocational Assistance Program (RSVP) Veteran participants?

A: No. It is not necessary for providers to join the PCVRS network to continue providing care to current Participants in RSVP. All future RSVP Participants will only be referred to PCVRS affiliate providers. Being part of the PCVRS network does not preclude you from providing care through VAC Treatment Benefits Program via Medavie Blue Cross.

Q: What is the process for providers joining the PCVRS network as an affiliate?

A: A PCVRS service manager will contact you to explain the value of the streamlined, innovative service delivery process. Affiliate providers will be required to sign a contract that offers details on the Affiliate Customer Management System (ACMS). Affiliate providers who join have access to effective information sharing, on-going training, standardized tools and the support of an interdisciplinary model for rehabilitation coordination and care.

Q: What is the process for providers who do not become an affiliate with the PCVRS network? How do I get set up as an out-of-network provider to submit reports and invoices?

A: For providers who do not become an affiliate with PCVRS, you may submit progress reports and invoices to PCVRS via ACMS as an out-of-network provider. On boarding to the ACMS is easy and takes only a few minutes. Once your account has been created, you will receive a welcome email with login details.

Q: How does provider invoicing work in the new service model?

A: Invoicing through the PCVRS ACMS works similarly to other billing portals you may be familiar with. All your current Participants and those newly referred to you, if you become an affiliate, will be sent to your account in the ACMS, creating a patient profile. Under this profile, you can send reports and secure messages to the PCVRS team assigned to the file. For invoicing, you will add a 'charge' including the date of service, type of service, provider details and the fee associated. Most information is pre-populated for easy selection. Payments for services are sent to providers via Electronic Funds Transfer (EFT).

Q: What are my options if I do not want to use the PCVRS ACMS?

A: The secure PCVRS ACMS replaces the Medavie Blue Cross portals for invoicing for any RSVP Participants in the new service delivery model. Medavie Blue Cross no longer provides

administration of RSVP, whether you are part of the PCVRS network or not. All authorizations, invoices and report submissions processing will be completed by PCVRS.

Q: Are there new service standards in place for the Rehabilitation Services and Vocational Assistance Program?

A: No, the service standards for RSVP remain the same and are established by VAC based on program legislation and policy. Advantages of the new service delivery model include the use of industry-validated outcome measures. These tools use evidence-based methods to identify potential barriers to achieving progress towards goals. This helps to ensure the Participant receives the right care at the right time by the right healthcare professionals within the rehabilitation-focused service standards of the program.

Q: Who are my points of contact regarding my Participant's Rehabilitation Plan?

A: Your main points of contact are the VAC Case Manager and the PCVRS Rehabilitation Service Specialist (RSS). VAC Case Managers remain responsible for the approval of Rehabilitation Plans, monitoring of rehabilitation progress and overall coordination of Participants' case management needs. They will work closely with PCVRS RSSs in a team around the Participant approach. The RSS is the main point of contact for providers linked to Rehabilitation Plans in RSVP.

Q: Who do I contact?

A: If you have any questions about the RSVP service delivery changes, please visit the [VAC webpage](#) for the latest updates, view VAC's [Frequently Asked Questions](#) (FAQ) or [email](#) the VAC Rehabilitation Team.

To become an affiliate rehabilitation Service provider with [PCVRS](#), follow this link to fill out your [Expression of Interest](#). Please note that PCVRS is experiencing a large volume of responses and is prioritizing based on Participant need, with consideration to geographic location and official language of choice, etc.

If you have questions about Participant eligibility, please click [here](#).