



## REHABILITATION SERVICES AND VOCATIONAL ASSISTANCE PROGRAM PROVIDER BULLETIN

May 2024

Veterans Affairs Canada (VAC) and Partners in Canadian Veterans Rehabilitation Services (PCVRS) would like to provide an update for health professionals delivering services to Rehabilitation Services and Vocational Assistance Program (RSVP) Participants.

VAC has shared rehabilitation program service delivery changes in three provider bulletins for health professionals delivering services to Veterans and their families. Medavie Blue Cross (MBC) distributed the provider bulletins in [August 2022](#), [October 2022](#), and [April 2023](#). Those bulletins contained information regarding:

- PCVRS and the new service delivery model for the Rehabilitation Program,
- The benefits of becoming a PCVRS Affiliate provider,
- How referrals matching your clinical offering will help ensure Participants needs are met, considering geographic location, gender, culture, official language of choice, etc.
- VAC approved, quality-assured, fillable report templates to streamline and simplify form completion,
- Tailored training available to rehabilitation service professionals to enhance culturally sensitive care, including (but not limited to), Gender-based Analysis Plus, clinical approaches, crisis care, and the unique needs of Veterans,
- The benefits of one IT system for invoicing, submitting reports, and receiving documentation for new referrals,
- Enhanced outcomes for Participants through coordinated care, quality-assured processes and standardized reporting,
- The importance of collaboration with VAC Case Managers and PCVRS for timely, effective communication and information sharing.

### **VAC's Rehabilitation Services and Vocational Assistance Program (RSVP):**

#### **Who qualifies?**

- Eligible Veterans with a health problem, resulting primarily from service in the Canadian Armed Forces, that is creating a barrier to re-establishment in civilian life.
- Family members may be eligible to receive vocational assistance as part of the program.

#### **What does the program offer?**

- Rehabilitation services related to the medical, psycho-social and vocational rehabilitation of a person aimed at optimizing health, function and employability.

- Services that are time-limited, based on assessed needs, and focused on achieving a specific rehabilitation goal.
- The Rehabilitation Program does not include services for the maintenance of chronic conditions.
- Treatment for the purpose of maintenance, to sustain a current state, is available through other VAC programs, such as the VAC Healthcare Benefits Program, and/or provincial/territorial and community-based services.
- MBC continues to be responsible for the administration of all Programs of Choice (POCs) within VAC's Healthcare Benefit Program. (Please see [August 2022 Provider Bulletin](#) for further information.)

#### **How is the Rehabilitation Program delivered?**

- VAC Case Managers and PCVRS Rehabilitation Service Specialists (RSSs) work together with program Participants to coordinate, oversee, and follow-up with Participants' rehabilitation needs.
- If appropriate, based on the outcome of rehabilitation focused assessments, a Rehabilitation Plan is developed in collaboration with the VAC Case Manager, the RSS and the Participant.
- VAC Case Managers remain the decision maker for the Rehabilitation Program.

#### **What happens when a Participant has completed the Rehabilitation Program?**

- After a Participant achieves their rehabilitation goal(s) or it is determined that rehabilitation services are no longer appropriate as outlined by their Rehabilitation Service Professional (RSP) in their Rehabilitation Plan, they may require ongoing treatment to maintain their current level of function.
- If the Participant needs ongoing treatment for chronic conditions, their VAC Case Manager will support their transition from the Rehabilitation Program to VAC's Healthcare Benefit Program (A-line or B-line coverage).
- For example: A Veteran participating in the Rehabilitation Program was receiving rehabilitation focused interventions for their knee. Following a rehabilitation focused assessment by an RSP it was determined their rehabilitation eligible health problem had reached maintenance level with no further rehabilitation services required. The Veteran's VAC Case Manager worked with the Veteran to ensure they understand how to access treatment through VAC's Healthcare Benefit Program (A-line coverage) or community supports as appropriate.
- If the Participant does not have entitlement to VAC's Healthcare Benefits Program for a condition, they may access treatment or services through another source, such as the Public Service Health Care Plan.
- A VAC Case Manager or Veteran Service Agents (VSA) may continue to work with a Veteran after their Rehabilitation Plan is closed.
- Case Management services provide collaborative support that involves planning, coordinating, evaluating and advocating for services to meet Veterans' needs.

#### **How does VAC know if the Rehabilitation Program is effective?**

- The Rehabilitation Program Performance Measurement and Quality Assurance Framework monitors program outcomes, regularly collects Participant feedback about the services received, and analyzes how PCVRS is achieving prescribed service standards.
- To ensure consistency in care and the best possible outcomes for Participants, the new service delivery model offers standardized services, form templates for all providers with a defined report frequency. Progress updates submitted by Providers allow RSSs to monitor a Participants rehabilitation progress and determine if they require a change to their Rehabilitation Plan.

- These standards ensure Rehabilitation Program Participants receive individualized, high-quality rehabilitative care, while providing VAC Case Managers with timely, quality reporting to inform their decision-making.

### **How does the PCVRS billing system work?**

- PCVRS aims to provide timely and supportive services to Providers.
- The PCVRS Affiliate Client Management System (ACMS) works similarly to other billing portals and when a Provider is onboarded it is used for sending reports, billing and communicating with PCVRS.
- To submit charges for services rendered and receive payments, Providers must create an account in the ACMS.
- The steps to submitting charges are detailed in the ACMS User Guide shared with the Provider during the onboarding process. Payments are issued by Electronic Funds Transfer (EFT) within 23 business days from the day the charge is properly submitted into the ACMS.
- Case Managers must approve all required rehabilitation services and timeframes identified in the Rehabilitation Plan. Providers are paid once they render services and provide required progress reports.

**Note:** All Rehabilitation related expenses must be billed to PCVRS.

### **What types of Providers does PCVRS work with?**

PCVRS collaborates with a diverse range of regulated health professionals to support the needs of Rehabilitation Program Participants.

- **Affiliate Providers** – Health professionals providing rehabilitation services, contracted with PCVRS to deliver care while meeting specific service and quality standards. All PCVRS Affiliate Providers benefit from comprehensive rehabilitation training and have access to VAC approved, standardized forms and quality assured report templates. Affiliate Providers sign an agreement with PCVRS and through that agreement PCVRS and the Provider commit to collaboration, productive communication, coordinated care, and adherence to quality standards.
- **Out of Network Providers** – If a Veteran is actively receiving rehabilitation services from a Provider outside the PCVRS network (Out of Network Provider), at the time of referral to PCVRS they may continue with treatment provided those services are rehabilitation focused. Out of Network Providers require onboarding to the ACMS to submit progress reports and invoices. **Documents must be submitted through the ACMS.**

### **How does PCVRS onboard Providers?**

Affiliate Provider Onboarding Process:

1. A Provider expresses interest in becoming an Affiliate by sending an email to [providers@pcvrs.ca](mailto:providers@pcvrs.ca) or a PCVRS Manager of Service Delivery Partner (MSDP) may contact the Provider directly to see if they would be interested in becoming an Affiliate.
2. The MSDP meets with the Provider for an introduction to the RSVP service delivery process, an explanation of how the Provider will work with PCVRS and information regarding PCVRS.
3. Once an agreement has been signed, the MSDP will onboard the Provider onto the Affiliate Clinic Management System (ACMS). The Provider will receive a welcome email that contains ACMS login credentials along with an ACMS user guide.
4. The MSDP will introduce the Provider to the ACMS and ensure they can locate the PCVRS report templates, understand how to submit charges for payment and upload reports, and can access the mandatory PCVRS training modules.

5. The MSDP remains the main contact for Affiliate Providers and assists with ACMS system support/training, RSVP service delivery expectations, PCVRS guidelines, etc.

#### Out of Network (OON) Onboarding Process:

1. When it is recognized that a Veteran is actively receiving rehabilitation services from an existing provider, an RSS will reach out to the Provider to determine if the services are rehabilitation focused and in line with the intent and scope of VAC's Rehabilitation Program.
2. If so, the RSS adds the OON Provider contact information into the PCVRS system.
3. The PCVRS OON onboarding team sends the Provider an ACMS onboarding form by email. The OON Provider completes the form and returns it.
4. Responses to the ACMS form are reviewed by the PCVRS Out of Network onboarding team and they will contact the Provider to complete the onboarding process.
5. Once their profile is set up in the ACMS, the OON Provider receives a PCVRS welcome email containing ACMS login credentials and the ACMS OON User Guide.
6. The Provider is asked to provide banking information for Electronic Funds Transfer (EFT) payments.
7. The Provider is informed that:
  - a. All charges for services rendered and reports **must be** submitted through the ACMS. Invoices and reports are **not** to be faxed or emailed.
  - b. If they encounter any issues or difficulties, they are asked to call the OON Provider user support toll-free number.

To effectively support OON Provider requests PCVRS has implemented several enhancements to simplify the onboarding process and reduce wait times for Providers to be onboarded:

- **Increased Capacity:** PCVRS has added specialized staff dedicated to onboarding OON Providers. These additional team members ensure that requests are processed promptly and efficiently.
- **Streamlined Processes:** PCVRS has simplified the onboarding process to expedite Provider enrollments without compromising accuracy or compliance.
- **Dedicated Support:** PCVRS has established a dedicated telephone line exclusively for OON Providers – 1-844-902-6700.

#### Who can I contact at PCVRS if I have questions or need support?

If you have a technical issue regarding the PCVRS ACMS you can email [ACMSSupport@pcvrs.ca](mailto:ACMSSupport@pcvrs.ca).

**Affiliate Providers** – Any non-technical issues in the PCVRS ACMS can be directed to your clinic's respective PCVRS Manager of Service Delivery Partner (MSDP). The MSDP assists with onboarding, answers PCVRS or program specific questions, addresses concerns and provides feedback about the provider's service delivery. To inquire who your MSDP is please email [providers@pcvrs.ca](mailto:providers@pcvrs.ca).

**Out of Network Providers** – Any non-technical issues regarding the PCVRS ACMS can be addressed by telephone at 1-844-902-6700 or by email at [providers@pcvrs.ca](mailto:providers@pcvrs.ca).

PCVRS will respond to your inquiry within 2-3 business days.