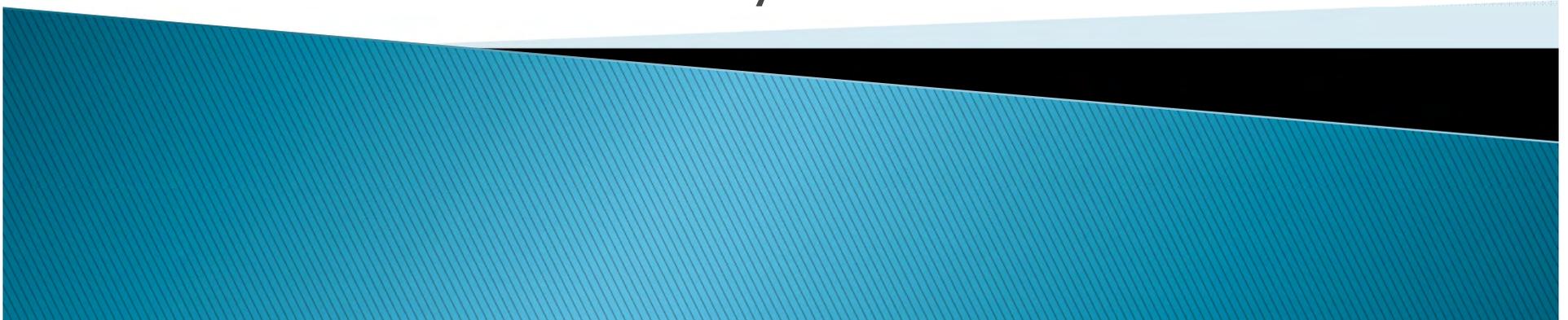


# DHS and Behavioral Health: Expectations, Communication, and Outcomes

Presented by:  
Monroe County Department of Human Services  
Monroe County Office of Mental Health



# Important to Mention

- ▶ Participants can type in questions throughout the webinar and we will pause to answer them.
- ▶ The webinar is being recorded and a link (including the slides) will be made available on the MCOMH website at [www.monroecounty.gov/mh](http://www.monroecounty.gov/mh).
- ▶ This webinar is meant to identify where we are as a system regarding the coordination of efforts between DHS, MCOMH, and behavioral health providers. It is our intention to build on these efforts as we move forward.
- ▶ Your participation and collaboration is very much appreciated!



# Presenters

- ▶ David W. Eckert (MCOMH) Senior Contract Manager
- ▶ Vince Ruggiero (MCDHS) Senior Financial Assistance Coordinator
- ▶ Randy Scott (MCDHS) Financial Assistance Coordinator – Intake I
- ▶ Jennifer Hoskins (MCDHS) Financial Assistance Coordinator – Community Medicaid
- ▶ Jeff Dulko (RRC/Ventures PROS Program) Vocational Program Manager



# Goals of Webinar

- 1) Explain the DHS process for individuals who are considered temporarily disabled and are seeking treatment for a behavioral health condition.
- 2) Clarify what is expected of the individuals who are considered disabled due to a behavioral health condition who are involved with DHS's Financial Assistance program and also enrolled in treatment with a behavioral health treatment provider in Monroe County.
- 3) Note methods of communication and collaboration between DHS and behavioral health treatment providers to support these individuals as they pursue their recovery and vocational goals.
- 4) Highlight the ways work helps people heal and move toward positive treatment outcomes and recovery.



# Background

- ▶ Access Committee
  - Managers of the outpatient mental health clinics that serve adults
  - Focus on reducing wait times at adult mental health outpatient clinics
  - Noted need to coordinate more effectively with DHS
- ▶ Intake Needs Assessment
  - Met with the Intake staff at each mental health agency that serves adults
  - All noted the importance of partnering to coordinate efforts behalf of individuals involved with DHS
- ▶ Helping move people toward successful discharge can free-up the front door



# Longer Term Goals

- ▶ To improve communication and coordination between DHS and behavioral health providers
  - Partner more effectively on behalf of individuals involved in both systems
  - Reduce “churning” between systems and providers
  - Help them “ramp-up” toward employment
- ▶ Reduce wait times by improving clinical flow-through
- ▶ Promoting the therapeutic value of work and the attainment of vocational goals
- ▶ Successful discharge is key!



# DHS Data & Processes



# Temporary Assistance Statistics

- ▶ The Monroe County Department of Human Services processed an average of 4,400 applications per month in 2012 YTD.
- ▶ Monroe County's active Temporary Assistance caseload has averaged nearly 14,700 cases in 2012 YTD.
- ▶ 35% of Temporary Assistance cases include a disabled household member.



# Medicaid Statistics

- ▶ The Monroe County Department of Human Services processed an average of 3,100 Medicaid applications per month in 2012 YTD.
- ▶ Monroe County's active Medicaid caseload averaged over 80,000 cases in 2012 YTD.
- ▶ Monroe County's active caseload for SNAP averaged over 58,000 cases in 2012 YTD.



# TA Intake Process

- ▶ Clients are interviewed in person within seven days of receipt of their application.
- ▶ Clients are required to provide documentation to support the information included in their application, this may include verification for attending Behavioral health appointments.
- ▶ Documentation is usually due within ten days.
- ▶ Extensions can be granted when necessary (more on this later.)



# TA Intake Process Cont'd.

- ▶ After the client's documentation has been received and verified, action will be taken to open or deny the case.
- ▶ Action to open or deny the case must occur within 30 days of the application date.
- ▶ Denial reasons may include:
  - Failure to provide verification
  - Failure to attend an appointment
  - Financial ineligibility
- ▶ When accepted, Family Assistance applicants are eligible from the date of completion.
- ▶ When accepted, Safety Net applicants are eligible from the 45<sup>th</sup> day after application.



# Medicaid Application Process

- ▶ The Medicaid application process is similar to the Temporary Assistance application process with the following distinctions:
- ▶ Medicaid applications do not require an interview.
- ▶ Medicaid determinations must be made within 45 days.
- ▶ Medicaid can be backdated up to three months if the client would have been eligible during the retroactive period.



# DHS Expectations



# Return to Self Sufficiency Plan (RSSP)

- ▶ An RSSP is an agreement between the agency and the client which requires that the client engage in treatment recommended by the Behavioral Health professional or Physician.
- ▶ An RSSP is put in place for recipients of Temporary Assistance who have a physical or mental condition that is a barrier to employment.
- ▶ Clients are required to periodically provide documentation verifying that they are engaged in treatment.



# RSSP Cont'd.

- ▶ The frequency with which documentation must be provided varies from case to case depending on the nature of the treatment.
- ▶ Clients are eligible for transportation for appointments through Medicaid, (more on this later.)
- ▶ Clients are eligible for Child Care for appointments as well, this can be requested through DHS.



# Extensions for Documentation

- ▶ Applicants and recipients are required to have the Psychiatric Assessment for Determination of Employability (PADE) or “yellow form” completed and submitted to the agency within ten days.
- ▶ DHS can grant an extension if the client is unable to have the form completed within the required time frame.
- ▶ Documentation is required in order to grant an extension.
- ▶ Acceptable reasons for an extension usually fall into the following categories:



# Extensions Continued

- ▶ The Provider is unable to complete the form at the initial visit.
- ▶ The Client is not able to get an appointment with a provider within ten days.
- ▶ The Client is unable to attend an appointment due to illness or other extenuating circumstance.



# When is a MH evaluation required?

- ▶ Examiners who conduct client interviews are responsible for determining if a client must seek a mental health evaluation.
- ▶ This may be at the initial interview, recertification or employment interview.
- ▶ The request may be based on documentation, the client's disclosure of an issue or the behavior witnessed by the examiner.



# Questions about Discharge

- ▶ If a client is required to engage in treatment as part of their Return to Self Sufficiency Plan (RSSP) then they must comply with the provider's recommendations.
- ▶ Clients can be excused for a documented illness, or other issue that may prevent them from attending.
- ▶ A successful discharge is acceptable (encouraged!); at that time the client is required to engage in a work activity if they have no other barriers.



## Questions about Discharge Cont'd.

- ▶ Successful discharge will not negatively impact clients' benefits, however they will be required to attend an employment assessment and they will be referred to the appropriate work activities.



# DHS Approved Work Activities

- ▶ Unsubsidized Employment
- ▶ Subsidized employment
- ▶ Work Experience Program
- ▶ Job Readiness Training
- ▶ GED
- ▶ Vocational Education
- ▶ ACCESS–VR (formerly VESID)
- ▶ Post Secondary Education



# Can clients in treatment be employed?

- ▶ Yes! When clients are working, a portion of their gross income is budgeted towards their grant, if this income exceeds the grant, the case will be closed.
- ▶ Clients may then be entitled to Transitional Benefits (SNAP, Medicaid and Child Care.)



# Transitional Medicaid

- ▶ Medical Assistance coverage will continue under Transitional Medical Assistance for 6 months as long as the client is the caretaker relative of a dependent child under age 21.
- ▶ Clients may be eligible to receive Transitional Medical Assistance for up to 6 more months after the first 6 months if:
  - ▶ Earned income remains below certain levels and;
  - ▶ The client is the caretaker relative of a dependent child under age 21.



# More about Transportation

- ▶ Medical transportation is available to clients who do not have access to a vehicle and are not able to take a bus. They must have documentation showing they cannot take a bus.
- ▶ Medicaid recipients on managed care should contact their managed care plan for transportation:
  - ▶ MVP 327-2470
  - ▶ Fidelis 1-888-343-3547
  - ▶ Excellus 244-5550



# Transportation Continued

- ▶ Clients on straight Medicaid with no managed care can contact Medical Answering Service directly.
- ▶ Medical Answering Services (CLIENT/PATIENT)  
288-4680
- ▶ Medical Answering Services (FOR PROVIDERS ONLY)  
654-9341
- ▶ Medicaid Recipients who have Blue Cross/Blue Shield 244-5550



# Communication



# Communication to DHS

- ▶ The preferred way to communicate with DHS is via the shared customer service email boxes found at the link below. Our goal is to respond within 48 hours. Some situations require a phone call, please use the customer service phone numbers listed.
- ▶ <http://www2.monroecounty.gov/files/hs/DHS%20Contact%20Information-English.pdf>



# Specifics for Clinicians

- ▶ Identify client by using the first name, last initial & SSI or CIN number
- ▶ Complete the Psychological Assessment for Determination of Employability (PADE) form
- ▶ Begin with the assumption that individuals with disabilities can work!
- ▶ Identify the functional limitations that relate to the symptoms and diagnoses
- ▶ Level of symptomatology = Ability to work
- ▶ What can the individual be expected to do given the limitations noted?



# Ramp-Up Toward Employment

- ▶ Treatment Planning should include objectives focused on helping people make steps toward employment
- ▶ What is the client doing to address functional deficits & barriers in between sessions?
- ▶ Examples of these steps include:
  - Writing down pros & cons of getting a job
  - Documenting work history
  - Search for job openings (newspaper, internet)
  - Volunteer activity
  - Completing applications
  - Setting up interviews



# Coordination of Planning with DHS

- ▶ Objectives in Behavioral Health Treatment Plans can become recommendations made on DHS Return to Self-Sufficiency Plans (RSSPs).
- ▶ Communication between clinical staff and DHS can help promote and reinforce gains.
- ▶ General communication can help reduce the incidence of “churning” and individuals being lost to contact.



# Local Employment Programs

- ▶ **Personalized Recovery–Oriented Services (PROS)**
  - DePaul PROS (ph) 777–3510
  - Genesee Mental Health Center PROS (ph) 922–7201
  - RRC/Ventures PROS (ph) 263–2690
  - Unity (ph) 368–6901
- ▶ **ACCES–VR (formerly VESID) (ph) 238–2967**
- ▶ **BOCES II (ph) 352–2400**
- ▶ **Rochester Educational Opportunity Center (ph) 232–2730**
- ▶ **Rochester Works– N Goodman (ph) 258–3500 or Waring Rd (ph) 266–7760**
- ▶ **Career Zone [careerzone.ny.gov](http://careerzone.ny.gov) & Job Zone [jobzone.ny.gov](http://jobzone.ny.gov)**



# Tracking Outcomes

- ▶ Individuals involved with DHS Financial Assistance and substance abuse treatment through OASAS providers have participation in treatment tracked through ARES
- ▶ Improvement in vocational status is reported by OASAS providers and tracked state-wide
- ▶ Individuals involved with DHS Financial Assistance and mental health treatment through OMH providers are not tracked through ARES and different laws/regulations apply.
- ▶ A possible future goal is to measure vocational attainments for this population



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