



Public Service Alliance of Canada  
Alliance de la Fonction publique du Canada

# Uncover the Costs

**SPECIAL ISSUE**

## **MESSAGE FROM NATIONAL PRESIDENT**

Welcome to a Special Issue of our campaign newsletter.

Over the past couple of months VAC has produced a series of Mythbusters and other communication to Case Managers that have been misleading, inaccurate, or just plain untrue.

Here is our collective response.

**-Virginia Vaillancourt  
National President**

*Virginia Vaillancourt is the national president of the Union of Veterans' Affairs Employees.*



# MISINFORMATION FROM VETERANS AFFAIRS



Frontline staff at Veterans Affairs have been taken advantage of for too long. Unsustainable caseloads, absent leadership, and constant workplace changes have created a toxic environment where employees are burning out and veterans are suffering. Instead of listening to our concerns and hiring more unionized staff, the department spent \$560 million on a private contractor more interested in profit than quality care to do Case Management work. Our work!

The department is savvy, and they're scared. They know that we are skeptical of the changes underway and have embarked on a strategic communications campaign to assure everyone that there is nothing to worry about. But they are lying. They're hoping that by telling us what we want to hear, it might distract us from the reality right in front of us: our jobs are permanently changing for the worse.

**We have enough evidence to call the department's bluff.**

**We must organize with our colleagues, take a stand for veterans, and protect our jobs.**

Below is a "Myth Buster" on behalf of workers that cuts through the HR spin and provides a clearer picture of what is actually going on with the RSVP changes.

## VAC Claim: The work of Case Managers will not change

From RSVP Myth Busters Document, April 2022:

"Our case managers' role is not changing because of the implementation of the new Partners in Canadian Veterans Rehabilitation Services (PCVRS) contract."

### Verdict: **False**

Below are slides from a September 2021 VAC PowerPoint presentation. They clearly outline the transfer of responsibilities throughout the case management process. Many of the duties that make Case Management work fulfilling such as building meaningful relationships with veterans and helping them progress will be contracted out. Instead, Case Managers become more like middle-managers, providing oversight and rubber-stamping decisions made by the RSS. The burden of responsibility still lies with us as Case Managers, but the fundamental decision making is taken out of our control.

Referral & Intake		Assessment & Planning	Intervention	Closure
Step	Current	Future		
Program Introduction	CM communicate expectations and responsibilities to Participants	CM provides overview of VACs service delivery model to ensure Participants understand case management services, rehabilitation program participation requirements and role of the national contractor		
Initial Assessment	CM begins assessment of rehabilitation needs and identifies additional assessments required	RSS conducts initial rehabilitation assessment		
Comprehensive Rehabilitation Assessments	CM coordinates appropriate rehabilitation assessments for Participant	RSS recommends and coordinates rehabilitation assessments to measure medical, psychosocial and vocational barriers and needs. CM approves assessments		

Referral & Intake		Assessment & Planning	Intervention	Closure
Step	Current	Future		
<b>Report Analysis</b>	The CM analyzes reports and develops SMART goals	The RSS analyzes reports and proposed SMART goals		
<b>Holistic Goal Development</b>	Goals are developed per element	Goals are developed for all three elements		
<b>Collaborative Plan Review</b>	The Rehab goals are reviewed by the CM and the Participant	The Rehab goals are reviewed by the CM, Participant and the RSS. The CM approves.		
<b>Secure Appropriate Provider</b>	The CM assists the Participant in selecting the Provider	The RSS assists the Participant in selecting the Provider		

Referral & Intake		Assessment & Planning	Intervention	Closure
Step	Current	Future		
<b>Provider Follow-up</b>	The CM contacts all Providers for reports	The RSS contacts all Providers for reports		
<b>Format Reports</b>	Multi-step process to get Provider reports on GCCase	Provider reports are uploaded directly to GCCase		
<b>Participant Follow Up</b>	The CM follows up with the Participant based on workload priority	The CM and RSS more frequently check-in with the Participant		
<b>Progress Reports</b>	CMs are responsible for obtaining quality and timely information from providers	RSSs are responsible for ensuring quality and timely information is received and provided to the CM.		
<b>Oversight</b>	CMs and IDT are responsible for ensuring quality of service is provided to Participants	The RSSs ensure quality of service and rehabilitation plan progress is being made		
<b>Travel/Expenses</b>	CMs explain and assist with the coordination of travel and expenses	Expense process is simplified, clear and administered by the Contractor with CM providing guidance as required.		

Referral & Intake		Assessment & Planning	Intervention	Closure
Step	Current	Future		
<b>Determine to move to Closure</b>	CM monitors when to move the Participant to Closure	The RSS determines when to recommend to move the Participant to Closure		
<b>Participant Acknowledges Closure</b>	Participant Acknowledges Closure	Participant Acknowledges Closure		

---

## VAC Claim: Case Managers will be the primary point of contact with program participants

From RSVP Myth Busters Document, April 2022:

"Case Managers will remain the primary point of contact with Rehabilitation Program Participants. Rehabilitation Service Specialists (RSS) be the main point of contact between Case Managers and PCVRS and will lead the delivery and coordination of Rehabilitation Services for their assigned Participants and the VAC Decision Maker."

### Verdict: **False**

After reviewing the PowerPoint slides, does this claim still hold up for you? If that's not enough, here is the job description for the new Vocational Rehabilitation Service Specialist (VOC RSS) posted this June. Take note of the first line!

#### **Role Summary:**

The Vocational Rehabilitation Service Specialist (Voc RSS) is the single point of contact for Participants throughout the entire Rehabilitation Services and Vocational Assistance Program (RSVP). The Voc RSS coordinates Participants' safe and effective navigation through medical, psycho-social and vocational services. The Voc RSS is responsible for keeping the Participant engaged, supported, and reassured by their steady presence. The Voc RSS is critical in establishing trust and building rapport with the Participant through timely effective communication, pro-active case coordination, and expert ability to plan. Navigating the complex and varied needs of Participants through development of an individualized Rehabilitation Plan, the Voc RSS collaborates with the Participant, their family/caregivers, Rehabilitation Service Professionals (RSPs) and Veterans Affairs Canada (VAC) Case Manager, to ensure successful program outcomes demonstrated through improvement in the six functional areas of the Rehabilitation Program and reducing/eliminating barriers to re-establishment.

Voc RSS may also provide vocational rehabilitation services to assist Participants to access, maintain or return to suitable, gainful and meaningful vocational activities. The Voc RSS determines appropriate vocational goals and identifies the need for any vocational rehabilitation and/or support services to achieve the identified goals. The Voc RSS collaborates with the RSPs as needed to gather evidence to evaluate the Participant's overall capacity for employment and provides services and interventions to support the Participant to complete job readiness activities and secure meaningful employment.

**The department is talking out both sides of its mouth.** Workers have raised legitimate concerns, noting that adding an additional point of contact is both less efficient and problematic for many veterans. The department maintains that: "The addition of a national contractor is to streamline and reduce layers, not add them." How can that be?

## VAC Claim: Case Manager work is not being contracted out

From RSVP Myth Busters Document, April 2022:

"The RSVP project does not mean that VAC has contracted out case management services. ... PCVRS will not replace the Case Managers role and Case management of Veterans within the Rehabilitation Program is not changing. Case Managers will continue to case manage the Veteran's overall plan at VAC, including any elements related to the Rehabilitation Program."

### Verdict: **False**

If you've read this far, it should be clear that significant amounts of case manager work is being transferred to the RSS. As far as we're concerned, this is contracting out. Moreover, due to the significant change in responsibility, the department can and will argue that classifications and rates of pay must change accordingly. This is a tried-and-true, long-term strategy that has been used before, including at VAC, to erode responsibilities and replace employees through attrition rather than direct firing.

Below an RSS job posting outlining roles and responsibilities. The bulk of it deals with Case Management. Take a look below and compare to your own current role.

#### Key Responsibilities:

<b>Assessment</b>	<ul style="list-style-type: none"><li>• Establishes strong therapeutic alliance with Participant and family/caregivers</li><li>• Conducts Initial Intake Interview to review Participant's medical, psycho-social and vocational rehabilitation needs</li><li>• Determines and coordinates required rehabilitation assessments to further assess Participant's capacity for improvement and clarifies rehabilitation needs</li><li>• Conducts Initial Vocational Assessment interview and completes vocational exploration activities</li><li>• Interprets and analyzes medical, psycho-social, and vocational assessment reports</li><li>• Ensures services and plans are needs-based, goal-oriented, safe, cost-effective and align to program mandates of improving the six functional domains of well-being and reduce/eliminate barriers to re-establishment</li><li>• Provides objective information to support Participant rehabilitation needs according to VAC's Principles and Factors</li><li>• If vocational needs are present, follows the return-to-work hierarchy when making recommendations</li><li>• Develops thorough Rehabilitation Plan for program Participants in consultation with the Participant, their family/caregiver, RSPs and the VAC Case Manager</li><li>• Obtains approval from VAC Case Manager to implement proposed Rehabilitation Plan including timelines and funding</li><li>• Gains commitment from Participant to actively engage in approved Rehabilitation Plan including specific target goals and outcomes</li></ul>
-------------------	--

<p><b>Case Management</b></p>	<ul style="list-style-type: none"> <li>• Acts as the service integrator, collaborating equally with medical, psycho-social and vocational RSPs delivering services to Participants</li> <li>• Ensures RSPs have full understanding of the overarching Rehabilitation Plan goals, objectives and timelines and are working in coordinated alignment to this purpose</li> <li>• Facilitates the plan through ongoing contact with the Participant, regular progress reports, and support and counselling when required</li> <li>• Facilitates communication and coordination among members of PCVRS' interdisciplinary team to enhance services, maintain safety and achieve positive outcomes</li> <li>• Provides vocational rehabilitation interventions</li> <li>• Works collaboratively with Job Developers and Rehabilitation Service Professionals in a multi-disciplinary approach</li> <li>• Maintains open and timely communication with other health care professionals with special attention to safe transitions of support/interventions</li> <li>• Performs daily case management and administrative duties as needed, including documentation, report writing, ensuring timelines are met and documentation meets program standards</li> <li>• Empowers Participant to problem-solve by exploring options of community-based interventions and resources to achieve desired outcomes</li> <li>• Promotes Participant self-advocacy, independence and self-determination in the provision of Participant-centered and culturally appropriate rehabilitative care</li> <li>• Evaluates throughout the program the value and effectiveness of the Rehabilitation Plan, resource allocation and service provision while applying VAC's outcome measures</li> <li>• Identifies barriers or risk factors contributing to suboptimal outcomes and pro-actively develops and implements strategies to address when required</li> <li>• Seeks support from RSS Team Manager and other PCVRS interdisciplinary team members to obtain evidence-informed guidance and problem solve when encountering barriers</li> <li>• Responds to service issues and/or complaints promptly and transparently</li> <li>• Follows all prescribed privacy and confidentiality protocols</li> <li>• Complies with all internal and contract related standards</li> </ul> <p><i>Other duties as required, including going beyond the job description whenever necessary</i></p>
-------------------------------	---

### Key Activities

- Conducts in-depth interviews with clients; and engages, and builds relationships with, clients and their families.
- Conducts client assessments that include the following domains: environment, financial, health (mental and physical) and psycho-social.
- Identifies, assesses and determines clients' needs, risks and rehabilitation requirements.
- Utilizes case management practices and tools to plan and coordinate appropriate programs and services.
- Develops, approves, implements and manages complex case plans with clients and their families to achieve mutually agreed upon goals through a collaborative, organized and dynamic process.
- Determines client eligibility; and adjudicates and authorizes programs and benefits in accordance with decision making guidelines and delegated authorities.
- Liaises within the Department and with other levels of government, community and private organizations to ensure coordination and cohesion of all interventions and actions for clients and their families; and consults broadly with internal/external subject matter

## VAC Claim: The new contractor is the only business to ever exist that does not prioritize profits

From RSVP Myth Busters Document, April 2022:

"PCVRS will not be moving Participants through the Rehabilitation program or keeping Participants to gain more profit."

### Verdict: **HAH!**

This would be hilarious if it were not so damaging and patronizing. The only reason any business exists is to make profits. We know that when private companies get large government contracts, executives and shareholders laugh to the bank while public services worsen.

While we cannot prove outright that the contractor will cut corners or impose targets that financially benefit them at the expense of veterans and taxpayers, we can use common sense and assume it will happen. We are not naïve.

If intuition is not enough, see that RSS job postings have a specific section describing the "Financial Performance" requirements of new hires. Those serving veterans should have one focus – quality care – not constraining costs and hitting billable hour quotas.

<b>Financial Performance</b>	<ul style="list-style-type: none"><li>• Meets monthly projected billable hours</li><li>• Achieves program outcomes that are <b>cost-effective</b> and within approved Rehabilitation Plan budget</li></ul>
------------------------------	--

