Agenda

- Introductions
- New fax number
- Waiver Update
- Chore service review
- Transitional Case Management review
- RA training updates
- Critical Incidents (new 2 page form)
- Medicaid Coverage Issues
- Notes/Documentation
- Billing/ Audits
- MHW Advisory Council
New Fax Number for ABH

- ABH recently moved to a new fax format
- Faxes now come directly to individual departments
- The new fax number for MH Waiver staff is:
  - 860-920-4456
Waiver Update  (as of 10/23/17)

- 596 Active clients on the waiver

- 68 Actively planning for admission to waiver (MHW & MFP)

- 142 Referrals pending disposition (MHW & MFP)

- 98 waitlisted referrals for MHW community
Enrolled by Month

[Chart showing enrollment numbers by month from 2009-2010 to 2015-2016, with averages indicated for each period.]
Chore service

Services needed to maintain the home in a clean, sanitary and safe environment. This service includes *heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress.* These services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payor is capable of or responsible for their provision. **In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.**
Two levels of chore service

- **Chore Service – Agency**
  - Service is intended to provide occasional non-routine cleaning activities, and is NOT intended as regular routine cleaning. Think in terms of “spring cleaning”.
    - Examples: Washing windows, tacking floorboards, washing floors, etc.

- **Highly Skilled Chore Service**
  - Specialized cleaning/moving services that require prior authorization
    - Examples: Moving to new apartment, insect remediation, handling of waste/biohazard material
  
  **Note:** These services do not replace landlord’s responsibility to provide remediation
Transitional Case Management

- **Pre-Enrollment**
  - Services provided to persons residing in institutional settings prior to their transition to the waiver to prepare them for discharge… and to assist them with other aspects of the transition to community life by helping them gain access to needed waiver and other state plan services, as well as medical, social, housing, educational and other services and supports, regardless of the funding source for the services or supports to which access is gained
    - Maximum duration: Up to 180 days prior to transition
    - Maximum authorization: 25 hours prior to enrollment, at clinician’s discretion

- **After Enrollment**
  - Transitional Case Management may also be provided to individuals following admission to the waiver during periods of brief institutionalization to prepare for return to the community and to assure continuity of care.
    - Maximum duration: Up to 90 days during enrollment
    - Maximum authorization: 25 hours during given episode, at clinician’s discretion
RA Training Updates

- Recovery Assistants must now bring an **active driver’s license** (not state I.D.) when signing in for the one day training.

- Agencies must have submitted a background check and results from on-line training **before** registering a RA for the one day training.

- Mandatory Boundaries Training/6 hours per year

- Reminder of RA requirements:
  - 18 years of age
  - High School Diploma
  - Active Driver’s License
RA Training Updates continued....

- Effective September 1st, provisional work periods will no longer be granted. Currently no Recovery Assistants should be working if they have not completed training. Services found to be provided by untrained RAs will be recouped.

- RAs must complete both the online training and the in-person training before they can begin work with a Mental Health Waiver client.
Monthly Progress Notes

- Due by the 10th day of the following month
  - e.g., April notes due by May 10th
  - This means by the 10th, not the Monday following the 10th…

- CSP notes include two sections, both required
  - Individual interventions
  - General summary

- Monthly Note is required for any month where there is an open authorization
CSP Monthly Note

**Step 1**
Respond to each individual intervention

**Step 2**
Complete a general Monthly Notes Summary

For additional instruction, refer to WOS user guide on ABH website:
Quarterly Report Cards

- Will be sent out via email on Friday, October 27, 2017
- Will report on July, August, September 2017
- Include:
  - Feedback from clients and clinicians
  - Quarterly monthly note percentage
- If under 70% provider receives monthly note audit
- If monthly note audit is not completed in timely manner corrective action will be issued
- If corrective action is not addressed, we will resort to putting providers on hold
A Critical Incident (CI) is defined as an incident that may have a real or potential serious impact on Waiver participants, staff, facilities, funded agencies, or the public or may bring about adverse publicity.

Examples of CI include but is not limited to: death; suicide attempt; threat; abuse/neglect/exploitation of client; missing persons; involvement of emergency services; criminal activity.

When in doubt? Submit one anyway!

Please submit written report to ABH within one business day of becoming aware of incident occurring

Fax to 860-638-5302 attn: Dan Gerwien

Critical Incident Report Form is available on ABH website in PDF or fillable Word format.

(http://www.abhct.com/Programs_Services/WISE/Forms_and_Resources/)
Condensed 2 pages CI form

- Form was condensed to improve function
- Content has not changed
Medicaid Coverage issues

- CSP must play active role in assisting client to maintain Husky C coverage
- Per DSS, redetermination paperwork is now mailed 40 days in advance of expiration. Paperwork mailed in before system letter is generated will not be accepted. Recommendation is that paperwork be mailed within one week of receipt of letter to insure continued coverage.
- DSS will only grant retroactive coverage up to 90 days from when the person loses coverage but only if he/she is still determined eligible
Providing services according to authorization

- Services must be provided as authorized by Waiver clinician.
- If a client is requesting, or a provider feels that more hours are needed, it must be pre-approved and the recovery plan and authorization must be revised.
- Clinicians are not required to approve services provided without prior authorization.
- If an agency has agreed to provide services for the 6 month period, and they run out of units due to overutilization before the end of the authorization, units may be recouped to allow for clients to continue receiving services.
  - It is both the Waiver clinician’s and service agency’s responsibility to ensure appropriate units have been authorized and/or used.
Providing services according to authorization

- In addition, a monthly note is required for any month for which there is an open authorization.
  - e.g., Authorization 7/16/17 – 9/16/17 requires a note for July, August, and September.
  - A note is still required if no services were provided in given month. In this instance, simply state in note that “services were not provided this month.”
Encounter Notes

- Encounter notes must either be located in a client’s home or securely stored at the agency.

- You must be able to supply notes for auditing purposes to ABH, DMHAS, DSS or CMS.

- Please make sure the supervisor is reviewing encounter notes for quality (both RA and CSP). Notes should contain all required elements and be using skill building language.
Updated Documentation Standards

- Encounter note still required for each visit
- Notes with missing information will be considered incomplete and will be recouped
- Please make sure handwritten notes are legible!
- A complete note includes the following information:
  - Client full name
  - Date of service
  - Staff full name
  - Service provided
  - LOA score
  - Goal
  - Comments
  - Time In
  - Time Out
  - Total Time
  - Staff signature
  - Client signature
    - Or, document if client refuses
Billing Reminders

- Next three week cycle is **December 15th**
- Submission deadline dates no longer listed on the claim submission schedule
- CLEAN claims will be paid within a 30 day period from the date of submission
  - A claim is **not** considered “clean” when it requires further investigation prior to processing
- Eligibility issues, insurance issues or the initial activation of a client onto the waiver may delay payment beyond the 30 day period
Billing – Rounding units

- Most services are billed in quarter hour units
  - 1 unit = 15 minutes
- Service time is rounded up or down to the nearest 15 minute increment

**EXAMPLES**

- 1:00pm to 3:07pm = 2 hours 7 minutes
  - Round **DOWN** to 2 hours 0 minutes (8 units)
- 1:00pm to 3:08pm = 2 hours 8 minutes
  - Round **UP** to 2 hours 15 minutes (9 units)
Timely Filing

- Please pay attention to the 60 day timely filing rule.
- Given the numerous eligibility issues that come up with our clients, billing within the timely filing period allows us to hopefully rectify any issues before receiving payment is no longer possible.
- LTSS eligibility needs to be back in place within 90 days or services cannot be paid retroactively.
- Please notify ABH staff immediately if you become aware of any eligibility issues with your clients.
State/ Federal Audits

- DMHAS, DSS, OIG, CMS

**EXAMPLE: EXTRAPOLATED ERROR AMOUNT =$5000**

<table>
<thead>
<tr>
<th></th>
<th>Overpayment Due = Extrapolated Amount</th>
<th>Overpayment Due = Sample Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total claims for audit period</td>
<td>$100,000</td>
<td>$500,000</td>
</tr>
<tr>
<td>% applied to total paid claims</td>
<td>1.75%</td>
<td>1.75%</td>
</tr>
<tr>
<td>Calculated extrapolation threshold</td>
<td><strong>$5000 &gt; $1,750</strong></td>
<td><strong>$5000 &lt; $8,750</strong></td>
</tr>
</tbody>
</table>

Extrapolation

Prepared by the CT DSS Office of Organizational and Skill Development in partnership with the UCONN SSW
MHW Advisory Council

- Meets twice a year in April and October
- Open to any WISE provider to send a representative
- We encourage staff to identify WISE clients who might be interested in participating. Staff can bill for time spent with client at meeting.
ABH Contact Information

- Ann Marie Luongo, Program Manager
  - (860) 704-6211  aluongo@abhct.com
- Dan Gerwien, Quality Assurance Supervisor
  - (860) 704-6213  dgerwien@abhct.com
- Monica Vaughn, Program Specialist
  - (860) 638-5341  mvaughn@abhct.com
- Erin Henriksen, Utilization Review Support
  - (860)704-6177  ehenriksen@abhct.com
- Claims Coordinator TBD 😞
  - (860) 704-6201

- NEW FAX NUMBER 860-920-4456