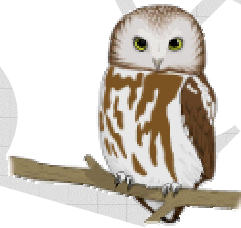


Enrollment Information Packet



State of Connecticut
Department of Mental Health and Addiction Services
Home- and Community-Based Services Waiver Program
MFP/Mental Health Waiver



WISE
Working for Integration, Support and Empowerment

PROVIDER

Enrollment Information Package

Overview of the Mental Health Waiver

This waiver program, authorized in §1915(c) of the Social Security Act, permits the State to furnish an array of home and community-based services that assist Medicaid beneficiaries with serious mental illness to live in the community, thus allowing participants to leave or avoid institutional care.

This waiver program for individuals with serious mental illness encompasses the recovery orientation adopted by the Department of Mental Health and Addiction Services (DMHAS), but also signals new directions in the community treatment of people with serious psychiatric disabilities because of its emphasis on:

- Intensive psychiatric rehabilitation that is provided in the participant's home and in other community settings
- Attention to both psychiatric and medical needs;
- Emphasis on wellness and recovery;
- Person-centered planning that leads to the development of an individualized Recovery Plan; and
- Use of peer supports that are provided by people trained and certified in rehabilitative care, who know from first-hand experience about recovery from mental illness.

The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement services available to participants through the Medicaid State plan and other federal, state and local public programs as well as natural supports that families and communities provide.

During the three year contract period beginning in 2009, the Waiver will serve 216 individuals (72 new participants each year) who are currently in nursing facilities or who are at risk for this level of care.

The Waiver will be operated by the DMHAS with oversight by the Department of Social Services (DSS).

MFP/MH Mental Health Waiver Services

Each person enrolled in the waiver participates in a *Person-Centered Planning* process leading to the development of an individualized *Recovery Plan*. The plan, developed collaboratively with the participant, a DMHAS Support Coordinator, and a Transitional Case Manager from the Local Mental Health Authority includes one or more of the following services:

Rehabilitative Services:

Assertive Community Treatment (ACT) – intensive clinical and rehabilitative care provided by an interdisciplinary team; nationally recognized as an “Evidence-Based Practice.”

Community Support Program (CSP) – a flexible, team-based approach to community rehabilitation.

Peer Support – a “step-down” and follow-up to ACT or CSP provided by a trained and certified peer specialist (i.e., a person who understands mental illness and recovery from his/her own personal experience).

Supported Employment – an effective array of mental health supports designed to help participants find and sustain competitive employment.

Support Services:

Recovery Assistant – homemaker, companion, personal care, and in-home respite services designed to help a participant maintain his/her own home.

Transitional Case Management – services provided during the weeks prior to, and immediately following discharge from a nursing home, to help locate and set up a suitable apartment or other living arrangement.

Short Term Crisis Stabilization – services designed to stabilize a participant in an emerging crisis situation.

Other Ancillary Services:

Specialized Medical Equipment

Home Accessibility Adaptations

Non-medical Transportation

Credentialing

Every participating provider must be credentialed and contracted through ABH prior to providing services to any MFP/MH Waiver participant.

The following accurately completed documents are required for an application to be considered complete: the ABH credentialing application, the DSS Performing Provider Agreement, and the ABH Provider Agreement for Money Follows the Person/Mental Health Waiver Services.

In order to become a participating provider follow these steps:

1. Review the MH Waiver Service Requirements in the Credentialing application which can be found on line at www.abhct.com or www.ct.gov/dmhas/site/default.asp to determine which services you would like to provide.
2. Complete the ABH Credentialing Application, DSS Performing Provider Agreement, and sign the ABH Provider Agreement for Money Follows the Person/Mental Health Waiver Services.
3. Return the completed ABH Credentialing application, DSS Performing Provider Agreement, and the signed Provider Agreement for Money Follows the Person/Mental Health Waiver Services.

Within ten days of receiving a complete application, ABH will issue a letter of determination. If approved, within a reasonable period of time, provider will receive an executed ABH Provider Agreement, a provider number from DSS for billing and be enrolled in the Provider Network Directory.

Requirements

All Services require the following:

- W-9
- ABH Certification and Authorization
- DSS Performing Provider Agreement
- ABH Provider Agreement for MFP/MH Waiver Service Program.
- General liability and professional liability naming Advanced Behavioral Health, 213 Court Street, Middletown, CT 06457 as an additional insured with coverage that shall be no less than \$1 million per occurrence, and \$3 million aggregate per year.

In addition to the five general requirements listed above each specific service have unique credentialing requirements which are listed below as are each service's definition and payment policies.

Assertive Community Treatment (ACT)

Definition: Assertive Community Treatment (ACT) is a recovery focused, high intensity, community based service for individuals discharged from multiple or extended stays in hospitals, or who are difficult to engage in treatment. The service utilizes an interdisciplinary team to provide intensive, integrated, rehabilitative community support, crisis, and treatment interventions/services that are available 24-hours/7days a week.

Customer Service

ABH will provide telephone customer service to answer questions regarding Waiver services and to assist in the credentialing process.

Please call 860-704-6201 for assistance.

The ABH website www.abhct.com is updated with current information, training and meetings relevant to WISE/Mental Health Waiver Program

Click on RESOURCES then WISE.

Performance Expectations

ABH serves as the liaison among participating Providers, waiver participants and governing agencies to assess and monitor the progress and ongoing effectiveness of the waiver services. There are general Provider performance measures that are monitored for all waiver services and additional measures monitored only for specific waiver services (Community Support Program, Recovery Assistant Provider, Supported Employment Provider, Short Term Crisis Stabilization Provider and the Transitional Case Management provider).

Performance Measures for All Services

Participant Satisfaction with the Provision of Services

- Each Participant will be sent and asked to respond to a Participant Satisfaction Survey once every six months to evaluate each waiver service he/she received from his/her service provider.
- Providers must maintain an 80% satisfaction score from statistically significant Participant responses. ABH will collect, score and analyze the results from each survey as well as share the results with DMHAS and DSS and the Provider as needed.

Collaboration between the Participants Service Providers

- For the overall benefit to the Participant it is important to collaborate with all treatment providers regarding the provision of services to the Participant. Coordination of all care takes on great importance for participants in the MH waiver program as communication between clinicians can maximize the effectiveness of the service and reduce the risk of relapse. Providers should discuss with participants the benefits of sharing essential information with other treatment providers.
- Adherence will be measured by documentation in progress notes and records.

Service Delivery

- Providers are expected to deliver services in accordance with the Participant's Recovery Plan as well as the service guidelines and payment policies outlined in the Provider Agreement.
- Adherence to the indicator will be measured by evaluating how the claims and recover plan data coincide for each participant.

Unique Service Specific Provider Performance Measures

Community Support Program – Performance Measures

Community Development

- According to the waiver plan the Community Support program includes an array of rehabilitative services, the majority of which are not provided in an office setting but rather by a mobile team. This allows the team to become familiar with the Participant's surroundings and to assist the Participant adjust in his/her living environment. It is expected that 70% of the rehabilitative services are conducted in non-office settings in the Participants community.
- Review of claims and progress notes will measure this indicator.

Documentation & Record Keeping

- It is the expectation that providers maintain accurate documentation in the Participants record according to requirements outlined in the Provider Agreement. Providers must maintain a 95% accuracy rate regarding documentation of services rendered. The components of record keeping responsibilities that the provider is expected to maintain include the participants recover plan as developed by DMHAS; specific

documentation of each encounter with the participant including date of service and outcome; and individual service reports.

- Participant specific encounter and supervision notes will be reviewed to measure adherence to the indicator.

Recovery Assistant Provider Performance Measures

Reporting

- It is the expectation that the Recover Assistant provider will maintain accurate documentation and record keeping of each participant he/she is assigned and will forward applicable reports as directed. Participant activities at each service interval as well as progress or changes in the Participants condition or needs is to be documented accurately and forwarded to the appropriate parties in a timely manner.
- Adherence to this indicator is measured through review of the Service Information Log Sheet as well as the Monthly Program Notes.

Continuous Recovery Assistant Training

- The recovery Assistant is required to obtain an additional six (6) hours of post-certification training in relevant service areas. Trainings will be scheduled at regular intervals and in a centralized local.
- Adherence to this indicator is measured through training/in-service attendance logs as well as through Participant record audits.

Supported Employment Provider - Performance Measures

Participant Employment Retention:

- It is the expectation for 60% of unduplicated participants in the waiver program to obtain and retain employment for a period greater than 90 days. Providers of Supported Employment are responsible for supervision and training to accomplish this.
- The performance indicator will be measured through the review of participant progress notes as well as employment information maintain in the participants record.

Short Term Crisis Stabilization Provider - Performance Measures

Access to Services

- Providers will be measured on the availability and access to qualified providers within an established timeframe. The Provider must maintain criteria to comply with access standards in the rendering of Short-term Crisis Stabilization services. It is expected that 95% of the time services will be provided to Participants within four (4) hours of the referral.
- Measurement of this indicator will be reviewed and analyzed through the utilization management tracking system.

Utilization

- Utilization of appropriate interventions to avoid the need for hospitalization or a more restrictive level of care will be reviewed. Providers are expected to Reassess the Participant's status every 4-8 hours for a total period of between 24-36 hours during the short term crisis stabilization service until his/her condition has stabilized.
- The performance indicator will be measured through the Re-evaluation report for appropriate level of care

Transitional Case Management Provider - Performance Measures

Connection to Care

- It is the expectation that Providers performing Transitional Case Management services with a Participant provide an established connection to assist with the transition process from an institutional to a community setting. Face to face connections are to be made with the participant along with documented connections to the community to assist the participant gain access to medical, social, educational and other services and supports.
- Indicators are measured through the Participant's progress notes

Failure to Meet Performance Measures:

When calculating the Provider's compliance and achievement of a Performance Measure, a Performance Measure will not be rounded. If the Provider fails to meet a performance measure ABH shall provide written notification of such failure to the Provider except where the failure was due to ABH's failure to provide timely information needed to meet the Performance Measure or for reasons beyond the control of the Provider. Within fifteen (15) business days of the date of ABH's notification of failure to meet a Performance Measure, the Provider shall submit to ABH for review and approval, a corrective action plan to avoid reoccurrence of non-compliance and a timetable for implementation of the corrective action plan. Any modification to the corrective action plan shall also be subject to review and approval by ABH. ABH can delay a payment for failure to submit a corrective action plan. ABH has the sole authority for determining whether the Provider has met, exceeded, or fallen below any or all of the requirements established in each Performance Measure. ABH shall notify the Provider when a Performance Measure has returned to acceptable levels as determined by ABH.