



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 setting;
- 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**

## **Provider Enrollment Process**

Every provider must be credentialed and contracted through ABH® prior to providing services to any MFP/Mental Health Waiver participant

The credentialing application provides a detailed description of each service, including definition, provider qualifications, covered services, limitations and non- billable activities. Providers must submit a completed credentialing application along with required documents for each service.

The following process should be followed to be enrolled as a Network Provider for the Mental Health Waiver services:

1. Review the MH Waiver Services Agency Requirements in the following Credentialing application or on line at [www.abhct.com](http://www.abhct.com) (click on RESOURCES then WISE)
2. Identify which services your agency would like to provide. Note:
  - a. Prior to being credentialed to provide RA services staff members must complete the DMHAS Recovery Assistant Training and pass the exam.
  - b. Prior to being credentialed to provide CSP a site visit must be completed and a DMHAS certification issued.

3. Complete the Credentialing Application and return to ABH for approval.

Complete and sign the following documents:

- i. DSS Performing Provider Agreement- Each agency will be assigned a specific provider identification number for billing Waiver services
- ii. ABH Service Agreement- Each agency will sign a service agreement that will have attached Rate Schedules for each specific Waiver services. The Service Agreement executed upon signature of ABH's CEO.

The agency will receive a letter indicating the credentialing status within ten days of ABH receiving a complete application.

When all steps are completed the agency will be added to the Provider Network List and be able to render MFP/MH Waiver services.

### **Credentialing Requirements**

The following are the minimum requirements for Provider credentialing:

- Completed and signed Credentialing application
- Active required state license, where applicable
- Proof of liability insurance
- Current and valid accreditation as applicable for specific service
- Completed malpractice history review
- Current license of Chief Clinical Officer and clinical supervisor(s)
- Completed Staff Rosters with Resumes
- Criminal Background checks(completed within 6 months of application) for Recovery Assistants
- Complete W-9
- Signed Original DSS Performing Provider Agreement
- Signed ABH Provider Service Agreement

### **Customer Service**

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

Please call 860-704-6201 for assistance.

The ABH website [www.abhct.com](http://www.abhct.com) is updated with current information, training and meetings relevant to WISE. 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.