

What is The Mental Health Waiver?

The MHW is operated by the Department of Mental Health and Addictions Services (DMHAS) and the Department of Social Services (DSS) for Medicaid individuals with serious mental illness who either live in a nursing home or are at risk of institutional placement. The MHW permits Connecticut to provide a comprehensive array of home and community-based services that enable individuals to live safely in the community. Individualized recovery plans are developed with each person, which include rehabilitative or support services, the Community Support Program, Peer Support, Transitional Case Management, Supported Employment, Recovery Assistant, Non-Medical Transportation and specialized medical equipment.

What is your most popular service on The Mental Health Waiver?

Recovery Assistant is our most popular service that The MHW offers since it is a combination of roles such as companion, homemaker, personal care attendant, and respite worker. Service activities include: performing household tasks, providing instructive assistance, or cueing the client to perform tasks, and providing supportive companionship. We conduct Recovery Assistant (RA) training for our credentialed providers on the MHW program. We do not provide RA Trainings for non-credentialed providers or individuals.

The ABI wavier offers RA services and trainings for ABI. For more information on the ABI wavier, please contact Allied.

How do I apply for The Community Support Program (CSP)?

Being accredited is one of the requirements to apply for CSP but an agency can go through the credentialing process for CSP if the agency is currently pending accreditation and if the provider has already been providing Case Management services through DMHAS. Most providers apply for RA after a year of providing RA services. If you are a current RA provider considering applying for CSP, we do require documentation to substantiate that your agency is in the process of becoming accredited.

I am already approved by Gainwell; do I have to submit a new application?

Yes, all new providers must apply online to be a participating provider specifically for the Mental Health Waiver. You will be asked to supply a follow on document from ABH to verify you have been credentialed. Please contact the Program Specialist for that documentation.

Who qualifies as The Chief Clinical Officer?

The Chief Clinical Officer can be one of the following: A licensed clinical social worker, licensed professional counselor, licensed marriage and family therapist, or a registered nurse.

Are social security numbers necessary for the applications?

The applications request personal social security numbers as a security measure since the programs are Medicaid funded. DSS and ABH will check for Medicaid fraud as a safeguard. All applications and personal information is kept secure and will not be disclosed to unauthorized individuals.

What if I have not been in business a year?

If you have not been in business as a home health care provider or related license for at least a year, you are unable to be credentialed for the Mental Health Waiver. Once you have been in business a year and have a copy of your business license from the previous year as well as your current license, you may apply at that time.

Does my insurance policy have to be \$ 1,000,000 per occurrence and \$3,000,000 in order to become a provider?

ABH will determine required reasonable amounts for such insurance from time to time, taking into account local community standards, but at all times said insurance coverage shall not be less than \$1,000,000 per occurrence and \$3,000,000 in the annual aggregate. We do not allow exceptions.

Once I become credentialed, how do I get clients?

The Mental Health Waiver has several clinicians that go out to assess clients and work out their care plan. The client is included in every aspect of the care plan including which agency will provide those agreed upon services. If you are selected by the client to provide a service, the clinician will contact your agency to set up the client for service. All care plans are evaluated every 6 months. Helpful tip: To become known among the clinicians, attend our Provider Meetings, which are held on a quarterly basis.

Can I refuse clients?

Yes, you can refuse clients. We understand that some clients may be out of your service area, your agency may not have staff to take on a client, or due to financial reasons your agency may not be able to support a client such as a new client to the waiver.

If you decide to proceed with the credentialing process, please fill out the specific service application and the ABH general application. Please keep in mind that we do not credential any providers that have not been in business for at least a year. If you have any questions, please contact the Program Specialist:

Maria Michaud 860-638-5341
mmichaud@abhct.com

We hope that this document provides you with some useful information and answers any general questions you may have about the program.

Thank you for your interest