

# CSP Questions/Answers

Below are the questions/answers from the CSP "GO TO MEETING"  
on 7/29/09 and 8/10/09 presented by DMHAS

## **What is the difference between a CSP team and CSP worker?**

There is no difference; the team may consist of only one person due to the low volume of Waiver Participants in certain areas.

## **How does the Transitional Case Manager role work with the CSP team?**

In some instances where an LMHA is providing both TCM and CSP, one person may provide both services. In other cases the TCM will transition the case to CSP and may be granted permission to provide services for a brief time after a Waiver Participant has left the facility.

## **What is the clinical person's responsibility?**

The clinical person should provide supervision, review encounter notes and sign monthly notes.

## **Are we using the existing mobile crisis team?**

Yes, in addition the Waiver has a service called Short Term Crisis Stabilization which can provide one to one support for a client during a crisis episode to try to prevent hospitalization.

## **For clinical supervision what licenses are required?**

M.D, R.N., A.P.R.N., Psy.D., Ph.D., L.C.S.W., L.P.C., L.M.F.T.

## **What role does the team leader play? The DVD states that the team leader writes the note?**

The team leaders should provide supervision and sign the monthly note.

## **What is the difference between the encounter note and monthly note?**

An encounter note is completed after each daily encounter. The monthly note is a summary of the month's progress made on each rehab goal.

## **What role does ABH play?**

Advanced Behavioral Health is the fiduciary agency and is responsible for credentialing providers, paying claims and managing provider QA. ABH does not determine level of care.

## **Who will develop the treatment plan?**

DMHAS develops the initial Recovery Plan with the client. The CSP team needs to work from the treatment plan but will be part of the quarterly treatment team meetings and have input on future plans.

**Will there be a decrease in services over a period of time?**

Yes, in most cases. Hopefully the client will begin to recover and integrate into the community with fewer services. Every client will vary but at this point the thought process is that clients will need CSP for at least 12 to 18 months.

**Who establishes the CSP team?**

The CSP team will be established by the community providers applying to be credentialed for the service.

**What will be the relationship with the clinician at the LMHA?**

All clients will be seen by a clinician at an LMHA or NPN. Communication should remain fluid and ideally the clinician will be part of the treatment team.

**If the RA does not show up for the daily assignment does the CSP staff have to do the hands-on care?**

No. The agency who supplies the RA has to find a replacement.