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| **March 26, 2008 CST Team Leader Meeting**<br><br>**Web Cast on CST Fidelity Monitoring** | |
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| Introductions by Jackie Manker, Sandy Potter, Bill White | |
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| <u>Purpose</u>:<br>The CST Team Leader meetings are intended to be a forum for education and training, as well for on-going communication between providers, DHS/DMH, and the Collaborative. | Discussion:<br><br>Today's webcast described the CST team leader monthly meeting process.<br><br>Attendance by team leaders and other clinical staff within agencies is encouraged.<br><br>Providers were asked to submit topics for future meetings. Topics can include requests for training needs, the monitoring review process, and adherence to Rule 132 requirements.<br><br>The power point presentation reviewed the authorization protocols and CST fidelity monitoring highlights.<br><br>Providers were given the opportunity to ask questions at the end of the webcast.<br><br>Future trainings will include:<br>Treatment Planning<br>Crisis Planning<br>Fidelity Monitoring<br><br>(Questions and answers are provided below.) |
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| **Question** | **Answer** |
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| We have many office sites submitting the authorizations. What site location do we | The actual site where consumers are receiving services is required. Location is |

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| need on the form? | one of the data fields in reports. By being specific regarding the location, the reports can identify teams.<br><br>A summary list of teams and sites can be submitted to: william.white@valueoptions.com |
| Do you need a list of medications for authorization? | Yes, this clinical information is useful in determining authorizations. The authorization form has been revised to include medication information. |
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| What about BALC audits - what is the Collaborative role? | BALC will continue to do unannounced monitoring visits. The Collaborative will accompany BALC at these times and conduct clinically focused monitoring.<br><br>Under the direction of DHS/DMH, the Collaborative will conduct reviews on years that the BALC does not. |
| Why can't we submit our authorizations two weeks prior to the due date or earlier? | You can. We are trying to accommodate providers who want to keep the review process timed with the request for re-authorization. Providers can be flexible about submitting these in order to spread out the case load. This was the intent in the transition plan. |
| What happens when staffing changes occur? The team is out of compliance immediately… what is the protocol that is required? | The Rule has remained silent on the time frame to hire staff into vacant CST team positions. It is expected that the provider will be actively in the process of hiring staff.<br><br>This is a decision that the provider has to make with the goal of not disrupting services. Once an agency decides not to provide a service, it is necessary to notify DHS/DMH via the Collaborative. |
| Can providers bill CSI services at the same time as CST? | No, these two services are not intended to be provided at the same time. CST should be addressing all of the consumer needs. |

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| Is there a CST exit form like there is for the ACT Program? | Not at this time. There will be one on-line in the future. Providers should notify the Collaborative when an exit occurs. |
| What happens if a consumer refuses to take any medication? Will it disqualify the consumer? | No. Efforts to engage the consumer need to be documented. It is acceptable to document the proposed medication. |
| Where can I get a current form? | The revised form has not been posted to date. The authorization manual is in the final stages of revision. The new forms will be posted when the manual is completed.<br><br>In the future, you will be able to go on to the provider web site ("ProviderConnect") and click on forms. In addition, all web trainings will also be posted in the future. |
| What treatment plan is to be submitted when a service is changing? | Submit the treatment plan that is in effect at the time. Updates will coincide with the new level of care. |
| Where do we access the fidelity tool? | You can access it at the Collaborative web site. The fidelity tool is not ready yet, but it is in the final stages of approval and should be posted soon. |
| How will providers spread the care plans out? Do we request early authorizations? Can we spread them out over a number of months? | The initial plan was set up for the agency to pick the CST authorization dates. The Collaborative will review all of the CST cases before April 15th. Once the reviews are completed, providers have the flexibility of spreading them out over the next 6 months. |
| Once we get the authorization done, can we use the current care plan? We were told that the plan was not current. | If the Collaborative is in error on a treatment plan date, please contact Bill White to have it researched. Date alignment needs to add up. |
| When will the monthly meeting occur? Will it be a set date? | Please send information on what day of the week and time would work best.<br><br>Please vote today before you leave on the web cast evaluation tool, which will be |

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| | available at the end of this presentation. You may also send this information to: William.White@ValueOptions.com |
| Is discharge information required? | At this time, there is not a specific discharge form. It will be required in the future. Providers are encouraged to contact the Collaborative with all discharge and transition information. |
| Currently we are not doing LOCUS ratings of 4 for consumer functioning. | We ask that you move toward the current rating as appropriate, or explain differences. |
| What happens if we need to add vocational services? | Make sure that none of your services are in violation of Rule 132. |
| What happens when the consumer needs to give consent to notify the Collaborative that they are receiving CST services and now want CSI by another provider as well? | This is not correct. These services cannot be paid for at the same time. |
| In your description of the monitoring and the existing Rule, will we be moving to the new Rule, and when would it become effective? | We are currently modifying the tool so that it will be congruent with the revised Rule.<br><br>The monitoring is a bench marking process and we expect to learn and grow in this process as we move forward. |
| It is my understanding that we are going to be under different monitoring standards. | No, the tools being developed are in three parts. We have picked elements from the Medicaid Rule, DHS/DMH contract information, and qualitative, practice-shaping elements. |
| What is the requirement for individual clinical supervision for CST? | One hour per month is the minimum requirement. |
| How is distribution of case load done if you have more than one team? | Fidelity will be met if providers have certain people assigned to different treatment plans. |
| What happens when you are out of compliance with your team structure? | The goal would be to continue to offer services to the consumer. Providers may need to recruit another team member from elsewhere in the agency. |

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| How long should you wait to receive an official authorization letter? | Authorization decisions are made within 1 business day for new requests and 3 business days for continuing services requests (providing that documentation is complete).<br><br>If a request is not going to be authorized, providers will be contacted by phone within these time frames.<br><br>As needed, please communicate with the Collaborative regarding a specific case at any time so that it can be checked in the system.<br><br>In the future, you will have access to this information on “ProviderConnect”. |
| How do providers handle it when they are below the 18:1 ratio? | Evidence is needed of a true team and efforts made in filling open positions.<br><br>Team process is demonstrated when consumers are being seen by all of the team members. |
| Is utilizing staff from another part of the agency a direct violation of Rule 132? | Staff filling in because a regular team member is gone cannot be an ongoing solution. Prolonged vacancies must be filled. |
| If we have a care plan and the authorizations are good for another 4 months, do we have to send in a re-authorization request? | No, within 2 weeks of the expiration is the acceptable time frame. |