

Q1. The *sentri* system seems to need a bit of cleaning up. There are many references to Encompass. Is SCCMHA planning to do this cleanup?

A1. Yes, SCCMHA will be doing cleanup still; watch for the electronic medical record to replace these references throughout to use of the new *sentri* name.

Q2. Will the Case Management Manual that will be published soon be made available to providers?

A2. Yes, more than likely the Case Management Manual will be placed on the SCCMHA website once it is issued early in 2010.

Q3. Will contract case managers also receive a copy of the Case Management Manual?

A3. Yes.

Q4. I know that consumer protected information should never be put in an email, but is it ok to put consumer protected information on a fax?

A4. Yes, you are able to put this information in a fax. We would suggest that you send a test fax to make sure the fax number is correct before sending consumer protected information this way and be sure to use a confidentiality disclaimer on your fax cover sheet to help ensure consumer information privacy.

Q5. Are providers required to have a hard copy of the FY10 Provider Manual available at audits?

A5. Not necessarily. Each site must have the ability to access the FY10 Provider Manual information. If the site is able to access this information via CD and a computer at the site then a hard copy is not needed. However, if the site does not have a computer, a hard copy will be needed. The only exception is that MDCH requires a hard copy of all recipient rights policies at provider sites, so those current policies from SCCMHA ORR need to be kept in hard copy.

Q6. I understand that the Help I'm Stuck form is being discontinued and that the Care Management Department will be helping in these areas. How are personal opinions not included in any decisions that are made?

A6. The Care Conference is where the decisions are made. This group consists of a variety of staff from different areas, some of whom don't know providers personally. There are standards that must be upheld & everyone has to agree on decisions that are made. The emphasis is on treating all providers fairly. If a provider is not satisfied with a decision that is made, they are able to file an appeal, but decisions are based on uniform fair practices with all providers and group decisions based on SCCMHA policy.

Q7. Are Elastic Auths being tracked to make sure expenses are appropriate? Are there additional compliance rules associated with elastic auths? How are these tracked?

A7. All authorization history is held in the *sentri* system and monitored by the Care Management Unit. There are no additional compliance rules.

Q8. What if case managers/support coordinators and/or consumers don't want to put items in a PCP (such as budgeting), but the consumer really needs it?

A8. Consumers are able to choose what they would like in their PCP. They are also able to choose who they want at their PCP meeting. Unfortunately, sometimes consumers choose to not include items in their PCP that others may think they need assistance with. A discussion among team members when this occurs is appropriate and certainly the consumer could be encouraged to consider a goal that others recommend with rationale, but ultimately, yes, the PCP goals are the consumer or guardian's decision.

Q9. Will there be training for providers on the treatment plan? ie, scope, intensity, duration.

A9. The PCP area of *sentri* is being revamped. It will require the case manager/support coordinator to be more specific & this should help providers know what is expected of them. The case manager/support coordinator should be communicating to the provider the specific expectations of the provider.

Q10. Are there any requirements for when a PCP meeting can be held?

A10. The meetings should be held when it is convenient for the consumer and the participants who the consumer would like to attend. This will also be addressed in the PCP guideline in the Case Management Manual.

Q11. Do case managers/support coordinators have to enter their time in *sentri* to document visits with the consumer?

A11. The progress note has a time that has to be entered. It has to be face-to-face time. The in-house staff have productivity standards that also have to be met. Beginning this year, all 15 minute units of service need stop and start times for claims processing.

Q12. Will ORR audits be occurring at the same time as NS&PP audits?

A12. In the past this was the case because the NS&PP auditors were assisting the Recipient Rights department with ORR audits. Recipient Rights is now able to perform the ORR audits & will be doing so separately. These audits may happen at the same time occasionally. Every reasonable effort will be made to schedule audits to accommodate specific provider availability issues.

Q13. Is there anyone who can come to a provider site and talk (in-service) staff on the importance of documentation and how it relates to payment for services?

A13. Yes, please contact Jennifer Keilitz if your site is interested in this type of in-service. SCCMHA is happy to assist in any way to help inservice and train provider staff members for compliance and competency purposes.

Sept. 29th 1:30p-4:30p
Q&A

- Q1. How does a consumer get to the Medicaid spend down? How can a provider help with this?**
A1. The case manager/support coordinator should be aware of what clients have what spend down (or Medicaid deductibles which need to be met to maintain Medicaid) and should be helping the consumer and others with managing spend down. The provider can help by reviewing the Medicaid Deductible procedure and working closely with the case manager/support coordinator on this matter to ensure the consumer does not lose their Medicaid. Lawanda Freeman is the SCCMHA Medicaid spend down contact person.
- Q2. Are all SCCMHA case management/support coordinator staff in-serviced on Medicaid spend down?**
A2. There are some new staff, but all case managers/support coordinators are expected to understand this process. This is included in the case management manual coming soon and SCCMHA will seek to remind staff in these roles about the importance of this part of their jobs.
- Q3. Are providers and case managers/support coordinators notified at the same time when Medicaid spend down is met?**
A3. SCCMHA will pursue clarity on this part of the procedure and advise providers in the future. Again, Lawanda Freeman is the central SCCMHA contact person for Medicaid spend down/deductibles at SCCMHA.
- Q4. Technically a provider is not supposed to provide a service until an auth is received, but it has taken up to a month sometimes to receive an auth. How many days should a provider wait to receive an auth?**
A4. It is recommended to make 3 reasonable contacts with a case manager/support coordinator. After that, the provider should contact the case manager's/support coordinator's supervisor. (Note: Since this training, the Care Management Unit at SCCMHA has taken upon the role of issuing 'grace authorizations' when a secondary provider does not have the authorization they need, and all providers are to coordinate these need through the SCCMHA Care Management Unit now.)
- Q5. There seems to be a problem with receiving payment for model payments. Is this being corrected?**
A5. There have been some delayed payments due to the state changing their computer system for processing these payments. SCCMHA also had some challenges initially since we were unable to access this system for the first couple of weeks. Payments seem to be getting on track now. Please contact Vurlia Wheeler with any questions. The Care Management Unit monitors model payments for SCCMHA.
- Q6. I am a provider who has a consumer who is very independent & who I believe is ready and who wants to try a SIP home. We are getting resistance from the case manager/support coordinator. What can we do to help this consumer continue to move forward & make progress?**
A6. The provider should continue to talk to the case manager/support coordinator and try to figure out if there is a reason for the resistance. The provider can also contact the case manager's/support coordinator's supervisor. Self Determination may also be an option. This is a topic worth a team meeting to discuss the readiness and barrier issues that might be involved.
- Q7. Are you accepting new applications for SIP homes?**
A7. Not at this time. SCCMHA has SIP openings right now, so is not seeking to contract with any new SIPs at this time.
- Q8. Can providers get examples of appropriate documentation?**

A8. Yes. Please contact Jennifer Keilitz if this is something that would be helpful to your organization. Jennifer will also be writing a documentation policy soon, so watch for that in the future. If you have any suggestions for this, please forward them directly to her.

Q9. Is the progress note form the same?

A9. Yes, it has not changed in *sentri*.

Q10. I believe that the Recipient Rights report that I received has untrue statements in it. Is this fair?

A10. The Recipient Rights department has strict guidelines that they must follow. They have to document everything that they are told, whether or not the statements are true, and whether or not the complaint made is substantiated. Contact Tim Ninemire at SCCMHA if you have any ORR questions or concerns.

Q11. What are the remittance reason codes?

A11. Ginny Reed will seek a good list of remittance reason codes that might be included on a provider's claim and issue that list soon for contractor's information.

Q12. Can a provider bill for a day that the consumer is in the home for the entire day, but leaves with family at 9pm and doesn't return until the next day? Would SCCMHA consider a half-day rate as is the case for other PIHPs?

A12. Unfortunately, the provider is not able to bill for this day even though the consumer was in the home all day. The consumer must be in their bed by 12am in order to bill for the day. SCCMHA will take this request under advisement.

Q1. Should the ATP form be filled out annually for each consumer? Is this form in sentri?

A1. Yes, the ATP should be filled out annually for each consumer. The form is in sentri.

Q2. What should a home manager do if they receive a PCP for a consumer that is not up to the PCP standards?

A2. The home manager should first go to the case manager and explain that the PCP doesn't give the home enough detail in order to execute the consumer's goals. If the home manager isn't able to get help from the case manager, then they should contact Care Management staff & they may be able to help.

Q3. Does the PCP policy talk about putting emails inside a progress note or PCP?

A3. There is no mention of emails in this policy. Jennifer Keilitz will address this in future communications and policy.

Q4. We're hearing that other CMH's are discontinuing trainings; will training for direct care workers be continuing at SCCMHA?

A4. Yes, SCCMHA will be continuing all of our training courses. We have no plans to discontinue trainings.

Q5. When will the next home manager training be?

A5. We just completed the home manager renewal training yesterday (Oct. 21). The initial home manager training is held once a year usually in June.