

SERVICE FACILITATOR BOOT CAMP

Communication Expectations

- Returning calls and emails within 1-2 business days
- Inclusion in team meetings (all providers)
- Timely Follow up from meetings and discussions
- Notify providers in crisis situations
- Notify providers of client enrollment and client discharge
- Document communication w/ providers in progress notes.
- Notify DCDHS within 24 hours in event of client death.
- Requests to share notes from meetings with CCS providers-what is allowed?
- Caution regarding confidentiality of records when using computers, text, email, etc.

Client and contacts

- Establish check-in schedule with client (weekly, e/o week, etc) to monitor and assess services. Minimum of monthly contact is recommended.
- Ongoing outreach with providers to monitor services (email, phone, progress note review, RTMs)

Establishing NEW Services

- Finding providers-offering informed choice to client. Client must be given options.
- Contacting providers with referrals
- Discussing goals on RP provider will work on. Does plan need to be updated before new service can begin?
- Update action steps to detail the service you are adding and how it relates to goals.
- Submitting authorizations-must happen before service is provided. Confirm provider start dates!!!!
- Seeking Community Resources-ongoing SF education

Service Authorizations:

- Be sure to select the right program when authorizing an agency with multiple programs.
- Can authorize same agency for multiple services, however use caution:
- SF can not bill for psychotherapy
- MHP can not authorize their own service as practitioner

Monitoring Ongoing Services

- Reviewing provider case notes monthly for content
- DAP format
- What skills are providers working on?
- in-person contact
- Frequency & duration
- Quality of services

Addressing Provider Concerns

- Address with provider first. Include supervisor when it's appropriate.
- If concerns persist, notify DCDHS CCS staff

Monitoring & Helping Client maintain CCS eligibility:

Monitoring MA status:

- AUTHORIZED REP FORM: <https://www.dhs.wisconsin.gov/forms/f1/f10126.pdf>
- ForwardHealth if agency has access
- If MA loss occurs, assist client in re-instating if appropriate. Reach out immediately to providers to notify.
- If MA reinstatement is not possible, staff with MHP . If appropriate, facilitate d/c from CCS

Monitoring Active CCS Rx

- Contact CCS prescriber to request Rx renewal (include letter and updated ROI) be sent to your agency
- Once received, verify MH diagnoses and MD signature. Follow up on any concerns
- Submit valid Rx to DCDHS

BILLING DON'TS:

NO providers can bill for calls (except SF—but it must be performing SF function and reflected in RP)
Collateral Contacts with Providers (unless SF)

30 Day Plans:

Be sure to inquire about additional services that a client **needs** authorized in first 30 days
Authorize core 3 services and additional NEEDED services.
Add initial assessment. Do NOT add goals. Submit in module. DO NOT PRINT.

All 6 Month Plans & Meetings

Include all team members on the ongoing plans and Recovery Team Meetings.