

**Contracted Case Management Meeting
Questions & Answers
October 5, 2005**

Answers valid as of October 28, 2005

1. Do CM's contact PSR's direct to make referrals?

Yes.

2. Are PSR services authorized by UM?

Not at present, however, UM will begin authorization of PSR on November 1, 2005.

3. Are there openings at all PSR locations?

Yes.

4. Who signs service orders – M.D. or psychiatrist for PSR?

Psychiatrist.

5. Can private doctor sign order?

A policy change is forthcoming as a result of Centers closing.

6. Is five hours of case management per month still in effect?

Yes, through January 2006.

7. Are Indigent Meds included in case management authorization hours?

Yes.

8. Must CM's wait until UM authorized hours before start billing?

Refer to Case Management authorization service process.

9. Is it required that doctor's order and notes go to UM for authorization?

Refer to Case Management authorization service process.

10. Need clarification on step-down plans?

LME will provide training soon. CBS orders over three (3) hours of service per day requires a step-down plan.

11. When do CM's admit or accept consumers?

Revised process forthcoming.

12. When does the LME put in their system as being admitted to case management?

Revised process forthcoming.

13. If the consumer's guardian cannot be located to sign consent for treatment, when can CM bill?

Document verbal approval if can be attained. Cannot bill without consent for treatment, but must provide services based on consumer need.

14. CM's told not to send forms back until consumer accepted?

Revised process forthcoming.

15. What happens when consumer is in crisis and have not been admitted to case management, but an appointment has been made:

Serve them or call Crisis.

16. Can intakes be done before packets have been received? Go to Center, sign for packet – get packet on the spot?

Yes.

17. Who is responsible for authorizations for residential services after case manager/clinician has left? LME trying to get supervisor's signatures

New CM or LME. If Provider accepts and admits, Provider can do this.

18. Since staff have left, some services are being provided without authorizations – can they still bill?

Contact UM, make sure there is no lapse in service.

19. Who are contacts for the five?

CEO's.

20. Where do we get MR - 2's?

From UM.

21. Where do we get NCSNAP's

Paula Mauney.

22. What do we do if consumers cannot be reached for appointments?

Document reasonable, professional effort.

23. How do we bill for trying to contact consumer before the consumer is admitted?

Case Support.

24. Can CM's bill case support?

Yes.

25. Shirley has indicated that when packets are sent to CM;s, consumers are transferred in the system so that CM's are able to bill.

Process being revised.

26. Can CM's bill assertive outreach?

No.

27. Should a release be signed to do NCTOPPS on a consumer?

Get from Caroline.

28. Should a NCTOPPS be completed for all consumers?

Get from Caroline.

29. What happens if a consumer refuses to answer NCTOPPS?

Get from Caroline.

30. Who will answer CAP questions?

Call UM.

31. How do Providers bill for hospital consultations?

CM's do not bill for hospital consultation. If licensed, bill for service provided directly.

32. Psychiatric Unit only accepting IVC's and not voluntary commitments?

Not accurate. Can and do accept appropriate voluntary commitment with medical clearance.

33. Can Providers cross county lines for psychiatric appointments?

Yes.

34. If a Case Management Provider cannot provide a service, what do they do? Should they call STR back?

If the consumer has been accepted to case management – they can link consumer to any other service.

35. What do we do on nights and weekends if a consumer is in crisis and additional staff is needed?

Call Crisis for authorizations and then UM will grant authorization on the following business day. MR/MI question.

36. How do we access Diversion, DD wait list, TBI, etc., monies?

Call Kathy Baker.

37. What is the possibility of providing psychiatric evaluations at provider locations?

Very good possibility.