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**CRSP MEETING RECAP**
**Monday, January 24, 2022**
**11:00 a.m. – 12:15 p.m.**

1. Which homes require a member to become part of their CRSP?

   **Health Home Services do not require the Health Home to be the individual's CRSP.**

2. How does this work, billing wise with other PMPM services – for ex., case management.

   **The State has provided specific guidelines on which elements of Targeted Case Management and Health Homes may be billed in the same month to prevent duplication of services. May I have your email address so that I can send you the table outlining TCM and Health Homes?**

   mtolstyka@hegirahealth.org

3. Can I get the memo with the Excel sheet sent to rboynton@cnshealthcare.org , Quality Manager for CNS Healthcare?

   Hey Ms. Davis, Could you email this memo please? soden@ehnic.org

   **I will send it today.**

4. I am concerned about the memo presented and that went to the CRSP Providers on January 21, 2022. While we can add intakes to meet Pl's, the issue is that we do not have the capacity to meet ongoing services. It appears as if DWIHN is ignoring this issue and only cares about meeting Pl's 2 and 4 because of the pressure from the State. By not listening and taking into consideration the root of the problem is causing additional issues. We have staff to complete intakes and can probably complete as many intakes that flood through the door, the problem is capacity and ongoing services will be affected which will then put us in a "catch 22" because we will not be able to deliver services timely which decreases quality of care. Furthermore, there is an expectation of DWIHN that when services aren't rendered within 90 days, we need to complete another IBPS, and if services continue not to be delivered in 120 days due to capacity issues, then we are required to discharge which starts the cycle all over again.

   **DWIHN has been meeting with CRSP to address some of the capacity concerns, i.e., identify barriers and solutions to address those barriers. We have also shared what has worked for others. We can schedule a meeting with you to address concerns with your CRSP and hear additional feedback. Feel free to reach out to me at jdavis2@dwihn.org. Thank you**

5. What specifically has been changed regarding the intakes in the programming? It would be helpful to know exactly the programming changes.

   **We have taken the checks off the system that requires the authorization to be present for those services to be paid. So, the claims will now go through the Claims department for overview and adjudication for payment.**

6. I would like more information on joining OIC. Are CRSPs only being asked to join OIC when they are presenting a client's case?

   **We are opened to Providers that deliver service. I can have the form sent to you for review. If you think the person meets criteria, then please complete the form and send it in. We welcome your attendance. We are looking for CRSP to begin participating.**

7. DWIHN just states do it and add the intakes and does not care about the consequences. We are required to do but then face additional consequences from other departments. To meet best practices and offer quality services, there needs to be a point where we should be able to say, we can no longer accept referrals at this time and can not continue to grow services. This is even more important today due to the growing need of current consumers who require more services than normal due to the pandemic. It is further frustrating because departments do not coordinate. We recently had to submit a POC for Pl's 2, 3 & 4, and then we had to complete a contingency plan, now we need to submit names of people to add appointments when this information was just provided a month ago. All of these requests came from different departments. Why couldn't they have been requested as one document and share among departments? It is poor use of time and administration services to recreate the wheel over and over.

   **This is not how we should conduct the requests. I am in complete agreement. Please share these requests with me and I will make sure we do better on this front.**

8. So, potentially this could start now? With the SPA Benefit application?

   **It does not go live until October 1, 2022, so it can not be accessed in the State's system until that time.**

9. Is it possible to remove preauthorization request for treatment planning as well as for assessment? They go together.

   **Let me take it back to the team and see if there is a way to address it. My initial auth is, it does not apply in every case and that would lead to unfulfilled services against an opened authorization in those cases, so it possibly cannot be a blanket authorization.**

10. Part of the problem in sustaining staff is because they do not want to work within a CMH System due to the demands and disorganization of the PIHP. Until DWIHN coordinates requests, partners with providers, and start being a part of the solution instead of perpetuating the problem, CRSP Providers will continue to have a revolving door regardless what benefits and pay scales providers offer their employees. Our agency has had so many resignations and often times it is because of DWIHN's ongoing demands, authorization issues, etc.

    **Please reach out to me directly and let's see how this can be a solution-oriented approach. Manny – msingla@dwihn.org**

**Autism Spectrum Disorder (ASD) Benefit Information**

Based on the information in the Medicaid Provider Manual, DWIHN has made updates to the screening initial access steps for the ASD Benefit.

Early and periodic screening, diagnosis and treatment occurs in well child visits may include a review of the child's overall medical and physical health, hearing, speech, vision, behavioral and developmental status. It may also include screening for ASD with a validated and standardized screening tool. This visit is important as it is designed to rule out medical or behavioral conditions other than ASD, and include those conditions that may have behavioral implications and/or may co-occur with ASD.

A full medical and physical examination must be performed before the child is referred for an initial diagnostic evaluation. Individuals should continue to reach out to Access Call Center 1-800-241-4949. The Access Call Center will continue to do the screenings and as they are completing this process families will be asked to email the referral from the doctor to AccessCenter@dwihn.org as well as provide documentation of last full medical and physical examination.

Lastly, MDHHS has updated the eligibility requirements to be contingent on a re-evaluation completed every three years.