

DMHAS Mental Health Waiver Credentialing Frequently Asked Questions of Provider Agencies

Updated October 2021

1. How often should supervision occur?

Supervision should occur on regular basis, no less than bi-weekly, and should be documented accordingly. Supervision could occur face to face, on the phone or in a group.

2. If our agency is already a Medicaid provider, do we need to complete another DSS Performing Provider agreement?

Yes, all Mental Health Waiver services will be identified through a new/additional Provider number assigned by Gainwell. The application is done online and must be accompanied by a follow on document provided by ABH to verify credentialed agencies.

3. How do I apply to be to The Mental Health Waiver?

Please complete the service application that you are interested in applying for-accompanied with an ABH general credentialing application and a DXC application.

If you are applying for multiple services please submit a separate service application for each service that you are applying for. All services have minimum applications-please refer to the Credentialing Tab on the ABH website.

4. How many clients will be receiving Mental Health Waiver services?

The Mental Health Waiver is currently approved to serve 615 clients per year, and has an additional 60 slots each year for Money Follows the Person clients.

5. Can I add Recovery Assistant Staff to my roster even if they have not yet been to the training?

No, Recovery Assistant Staff must have completed the DMHAS required training in order to work with Mental Health Waiver clients.

6. Will the agency be a part of developing the Recovery plan for the client?

The initial Recovery Plan is a client-focused plan that will be developed with the client and providers identified prior to discharge or diversion. At least every 6 months the Recovery Plan will be reviewed and changed as needed via a Treatment Team meeting including all providers.

7. Do I have to apply for credentialing for all the services at once?

No, the agency can apply to be credentialed for as little as one service and reapply for another specific service at any other time. When adding additional services, only the service related documentations need to be submitted to ABH.

8. If my agency does not meet the qualified accreditation (CARF, TJC) requirements is there any way I can still apply to be credentialed?

Currently all requirements are set forth by the Federal Waiver application.

9. What type of hours do Recovery Assistants work?

RA's will typically work ten to twenty four hours per week, up to seven days a week, **including holidays and weekends**, and between the hours of 7:00am and 9:00pm.

10. What does it mean to be in “active process of becoming accredited by CARF or TJC” as stated in the requirements for CSP?

Active process is defined as: the provider has consulted with CARF/TJC, received communication from the accrediting body and has a work plan developed with specific dates and goals towards completing the accreditation process. The provider must complete their accreditation process within 18 months of their initial application.

11. When can Transitional Case Management services be provided?

This service is used before enrollment to the Mental Health Waiver and for 90 days after a brief institutional stay. Services provided prior to enrollment will not be reimbursed until the client becomes enrolled on the Mental Health Waiver.

12. How does a Recovery Assistant maintain their certification?

A Recovery Assistant must complete 6 hours of Post Training each year to maintain their certification. Agencies must maintain documentation of training for their employees.

13. Will there be an increase in the service rates?

The rates are set by the Department of Social Services.

14. Does a Recovery Assistant need to provide transportation for their clients?

No, transportation is a separate Medicaid service.

15. Where and how do I send WISE claims?

All claims are submitted directly to ctdssmap.com with the exception of Assistive Technology, Specialized Medical Equipment, Highly Skilled Chore Service and Home Modifications. Those claims are submitted to ABH.

16. What should I do if there is an issue with the care plan authorizations?

If there is an issue with any authorizations, the MHW clinician for the given client can be contacted. If you cannot reach the clinician, please contact ABH for further assistance.

17. Who should I reach out to with problems regarding Electronic Visit Verification?

If you are experiencing problems with EVV in regards to utilizing the system, missing clients or authorizations in the system, or trouble billing due to visit verification, please contact Sandata Customer Care at ctcustomer care@sandata.com and Gainwell EVV support at ctevv@dxc.com for assistance.