

May 12, 2008 ACT and CST Team Leader Meeting/Webcast: Authorization Protocol Manual Revisions	
Introductions by Jackie Manker, Dee Durant, Bill White	
<u>Purpose:</u> The ACT and CST Team Leader meetings are intended to be a forum for education and training, as well for on-going communication between providers, DHS/DMH, and the Collaborative.	Discussion: Today's web cast provided the overview for the revised Authorization Protocol. The power point presentation provided highlights of changes to the protocol. Providers were given the opportunity to ask questions at the end of the web cast. (Questions and answers are provided below.)
Question	Answer
All of our responses are going to the wrong address. We submitted at least two requests for them to go to the correct address and they are not.	Please contact Bill White at 312-453-9031.
When will the ProviderConnect system be available for providers to review authorization dates.	The plan is to have that system in operation by July 1.
When will ProviderConnect be up and running for us to attach authorization forms and to view authorizations?	Same as above.
Can I print the powerpoint presentation?	Yes, it will be posted on the Collaborative website after the presentation.
What dates are these changes in the authorization manual	Changes take effect May 13, 2008.

effective? The Ohio Scale trainings are coming in late May/early June.	
Is there a CST exit form like there is for the ACT Program?	Yes. Please refer to the protocol.
What happens if a consumer refuses to take any medication? Will it disqualify the consumer?	No. Refusal to accept medications does not effect one's eligibility for ACT or CST.
Where can I get a current form?	On the Collaborative's website http://www.illinoismentalhealthcollaborative.com/ or by calling them at 866-359-7953.
What treatment plan is to be submitted when a service is changing?	The most current one.
Where do we access the fidelity tool?	When completed, fidelity tools will be on the Collaborative's website http://www.illinoismentalhealthcollaborative.com/
How will providers spread the care plans out? Do we request early authorizations? Can we spread them out over a number of months?	Yes. Please contact Bill White directly at 312-453-9031.
Once we get the authorization done, can we use the current care plan? We were told that the plan was not current.	Yes.
When will the monthly meeting occur? Will it be a set date?	We hope to set a monthly meeting date in the near future.
Is discharge information required?	Please refer to the Authorization forms in the protocol.
What happens if we need to add vocational services?	Vocational services may be added whenever clinically appropriate.
When a consumer decides to leave treatment, but is not stable, how is	Documentation is important, and it is important to take every effort to not close the case prematurely.

this best handled (in terms of termination of services)?	
Regarding a homeless consumer, who is very unstable, and now cannot be located: How is this best handled?	Document your efforts to locate the consumer and any contact with collaterals or family members.
Regarding batches sent via fax, some were received, some were not. How do we identify which ones actually came through?	The Collaborative will follow up to ensure this is corrected. Contact Bill White at wiliam.white@valueoptions.com or call 312-453-9031 following this teleconference.
On some clients, we have been told there was no authorization, but these were ones that DMH had originally authorized.	We will speak with you directly about specifics following the call, and work to get this resolved.
We sent in 36 authorization packets and received authorizations, but no feedback on whether they were alright.	This is a new process, so we're reviewing all documents, but do not have a history of documents yet to compare and contrast.
On the CST authorization, admission criteria are not listed on the actual request form.	Changes are being incorporated to that form now.
How do we request an address change (if documents are going to the wrong address)?	We will ask the Collaborative's Provider Relations staff to follow up with you on this issue.
Is there anything that prevents billing during the transition from a nursing home to ACT services?	No, nothing prevents this.
If a consumer is in a SOF for more than 30 days, do they need to be de-authorized until they come back?	If the team remains involved, the consumer can remain an active client in the system. If they are in the SOF longer than that (e.g. 90 days), then we need to look at this more closely.

