Community Support - Team (pdf)

1. We would like to hire a full-time staff to work as CST staff 90% of the time and as a crisis/intake worker 10% of the time; is this acceptable under Rule 132?

   Answer: Yes, except for the team leader, who must be dedicated full-time to the team.

2. During March 2008, I was told that loss of a Community Support Team (CS-T) member caused the team to be out of compliance immediately and effectively decertified. This led us to discontinue CS-T services due to lack of a reasonable time-frame for staff replacement. Then during the July 30, 2008 teleconference, we were advised that there is no expectation in regard to maintaining CS-T staff; loss of a Team member does not automatically decertify the team. Can you please clarify what the expectation is?

   Answer: The CS-T requires a minimum of three staff, one individual in recovery from mental illness, and a team leader who is a QMHP or LPHA. The team is immediately out of compliance if there is no team leader. You may temporarily assign a QMHP or LPHA as team leader. For the other team members, we expect you to follow the guidelines that we have given for ACT teams, i.e., the team must be in compliance within 30 days.

3. We recently had a CST client admitted to a nursing home. It is an IMD. How long can we provide client centered consultation and case management-transition linkage and aftercare? Is there a cut off time or is this up to our agency? If the nursing home has determined that the client will be out in 4-6 weeks, and it is determined that the client will continue regular CST services after discharge, is that ok? Or, what if the time is longer for the stay at the nursing home, like 3 months? Should we close the client to our services and re-open when released from the nursing home, or can we continue client centered consultation as needed/appropriate? If we can bill for these services, we continue to use our CST code but document in the note the above services...correct?

   Answer: There are a number of issues and questions imbedded in your correspondence. First, if a client is a nursing home, Community Support Team (CST) is not an appropriate service for the community mental health agency to provide or to bill unless it is authorized by the Collaborative. CST is an intensive team service that the client needs in order to remain in the community. The only service that may be appropriate while the client is in the nursing home is case management - transition linkage and aftercare. Keep in mind that the Illinois state plan limits transition linkage and aftercare services to 40 hours per year. In addition, the federal CMS regulations on Medicaid case management only allow for transition linkage during the last 14 days prior to discharge, effective March 3, 2008.

4. If a Community Support-Team client is in an SOF/IMD and is provided Case Management-Transition, Linkage & Aftercare, should they be using the CST or the Case Management billing code? If the service is provided by phone (on-site) instead of at the SOF (off-site), will it look like double-billing, or should we use an off-site code?

   Answer: When a consumer is in an IMD of any kind, CST may not be provided and billed unless it is authorized by the Collaborative. It cannot be assumed that the consumer will be CST upon discharge simply because s/he was CST prior to hospitalization. When planning discharge from an IMD, the appropriate service to be provided is Case management-transition linkage and aftercare, and must appear on the consumer's treatment plan. Service provided by phone must be billed as on-site.

5. An online Q&A under PSR indicates that an individual residing in a nursing home can receive community services. A different online Q&A under Community Support indicates that a person residing in a 24 hour residential setting can only receive Community Support Team services for 30 days and that it needs to be billed as Community Support Residential. My questions are: 1) Does this apply to individuals living in nursing homes or IMDs? 2) Can individuals living in nursing homes or IMDs be eligible for Community Support Team services? 3) Can the Community Support Team bill for Community Support Residential services or must that be done by the residence?

Answer: 1) The Collaborative is responsible for authorizing CST services. Services may be authorized up to 30 days. 2) Community Support Team services are intensive services to support an individual while they are learning to live, work and participate in their community. These services are not appropriate for consumers living in nursing homes. If a consumer is transitioning from the nursing home to a community setting, transition linkage and aftercare services may be provided during a 30-day transition period if it is called for in a treatment plan. Additionally, if the individual transitioning from the nursing home has been assessed by The Collaborative and determined eligible for Community Support Team, CST may be provided for the same 30-day transition period. 3) Rule 132 does not require members of the CS team to provide only CST services. Therefore, if they provide community support services in a CILA, Supervised Residential or Crisis Residential setting, they should bill Community Support Residential.

6. Our Community Support-Team nurse reviews medications delivered by the pharmacy against the last prescription, then contacts the team to inform them of any changes and that the medications are ready for delivery. Is the time spent reviewing the medications Medicaid billable or just the contact with the other staff regarding the medication and changes.

   Answer: Inventory and sorting of medications is not billable. The CS-T nurse discussion with other members of the team concerning any changes to the ITP resulting from medication changes is billable.

7. If an agency has been approved for CS-Team and later decide that it will not be a good clinical fit for them, will there be any negative consequences for not billing for a service that they are certified to provide? If they have submitted the names of the staff that would have been a part of the CS-Team which will not be providing that service but instead will provide CS-Individual or Group, will the bills be rejected because those staff are registered as CS-Team members?

   Answer: No, to both questions.

8. I am seeking clarification on CS-Team services. In the Rule 132 Q&As the issue of CS-Team participants receiving CS-Group services from non CS-Team staff is addressed. The example given in the question, i.e., a CS-Team participant going offsite to the grocery store after a PSR group on nutrition. The activity is not billable as a service if it is provided by Outpatient staff. What if the group is co-led by a CS-Team staff working with the CS-Team participants and an outpatient staff working with non-CS-Team participants? Would it then qualify?

   Answer: Only identified CS-Team staff may provide and bill for CS-Team services. However, clients in CS-Team may receive other services, e.g., PSR, CS-Group. These may be provided and billed by non-CS-Team staff.

9. Regarding CST maximum number of team members, can one Full-Time Employee (FTE) be one-half FTE CST and one-half FTE CSI?

   Answer: Yes.

10. If a SASS client is approved by the Collaborative to receive CST, and subsequently hospitalized, can the CST (rather than the SASS Team) continue to see the client but bill SASS instead of CST?

    Answer: While someone is eligible for SASS, they should be provided with the services that they need, and those services must be billed directly to HFS. The provider must bill HFS for eligible service(s) provided to SASS-eligible clients, including CST. SASS is not billable under Rule 132.

11. We have a client receiving CST services that meets CST criteria. The client wants to get Psychotropic Medication Training services on the weekend, but would have to get the services from a non-CST staff member at a residential site. 1) Would this be allowable under Rule 132? 2) Would it be coded as Psychotropic Medication Training?

    Answer: 1) Yes. 2) Yes.

12. One of our CS-Team consumers in need of housing was referred to an agency whose residential program is not DMH funded, but "permanent supportive housing" from HUD. The agency is also

certified to provide Case Management, CS, treatment plans and assessments. Instead of an in-house doctor, they have employees there, funded by other sources. Can the consumer: a) Receive residential services with them? b) Receive other services such as CS-Individual or Case Management there? c) Is residential the only service the consumer can receive there?

Answer: a) Yes. b) Yes. c) No.

13. Is the CS Team required to provide crisis services 24 hrs/day, 7 days/wk?

    Answer: It is a requirement that crisis services be available 24/7. However, it is not a requirement that the CS Team exclusively provide this service although it may be a best practice.

14. What are the staff competencies for CS-Team?

    Answer: The team includes at least 3 FTE staff. The team leader must be a Qualified Mental Health Professional. It is preferred but not required that one of team members is an individual in recovery.

15. Is there a minimum number of staff on CS-Team?

    Answer: Yes, a team must have at least 3 members including the team leader. Additionally, the team leader has to be at least a QMHP.

16. Can the same staff be on an ACT team and on CS-Team?

    Answer: No.

17. Does the team leader have to be dedicated to the team?

    Answer: Yes.

18. Can only CS team staff bill CS team services?

    Answer: Yes. All services that would meet the CS definition should be delivered by a team member. Other services (such as PSR) may be billed by staff not on the CS Team.

19. Will there be a case rate for CS Team?

    Answer: No. CS Team will be reported by 15 minute billing units.

20. In regard to CS-Team, does the entire team do all of the activities with the consumer, and how will this be funded?

    Answer: The CS-Team would rarely, if ever, provide a direct intervention to a consumer as a 'team'.

21. When & where will the requirements for the C&A CS-Team be publicly published?

    Answer: Rule 132 governs the definition of CS-Team, regardless of population.

22. We have always billed a worker's car as on-site location of service. Since CS-Team requires so much more off-site service can we now consider a worker's car as an off-site location?

    Answer: Off-site services are defined as services that require staff to travel in order to deliver the service. A telephone call from a worker's car continues to be an on-site service.

23. Must the team leader for the CS-Team be a licensed clinician?

    Answer: The CS-Team leader must meet the qualifications of a QMHP or above. Please refer to the Rule for the difference between a QMHP and a licensed clinician.

24. Are the credentials for a CS-Team for youth the same as they are for adults? Can the leader have a caseload or other responsibilities?

    Answer: The CS-Team requirements in the Rule apply to all populations as written.

25. Does a team leader need to be an LPHA?

Answer: No. A CS-Team leader must be a QMHP or above.

26. Staff requirements for CS-Team include a QMHP who is fully-dedicated to the Team. Our program has only one QMHP and 18 or less individuals meeting CS-Team criteria. We have no expectation of getting more Qs. Will our sole Q be allowed to be the Q for the CS-Team and for the 150+ individuals who will receive CS-Individual?

    Answer: There is no requirement that each agency must have a CST. Agencies are encouraged to analyze their consumer needs and plan accordingly.

27. What will be the required structure of a CST team?

    Answer: The team composition is specified in the service definition in Rule 132 (Section 132.150).

28. If an agency program becomes CS-Team, but certain individuals are served only by one worker, how is this handled, are those consumers considered to be receiving CS-Individual?

    Answer: CS-team services must be provided by a team not a single worker. Documentation must demonstrate that more than one team member is actively engaged in the direct service to the individual.

29. May a CS-Team member provide billable services to consumers who are not their specific team members, as in the example of the CS-Team member who stopped on the way home to provide outreach/engagement services to a potential consumer?

    Answer: Staff in CS-Team are expected to function as a team with their own caseload. Other services may be provided by staff not on the CS-Team.

30. If a person is getting CS-Team and Supported Employment, and working with the MI of the person, which service is billed?

    Answer: Interventions that are directed toward addressing the individual's mental illness and meet the requirements of Rule 132 should be billed as a Rule 132 service.

31. Can the CS-Team bill for time spent transporting, as did ACT?

    Answer: No. Time spent transporting consumers to required services is not billable.

32. If an individual receives CS-Team services, are all other services that the individual receives billed at the CS-Team rate?

    Answer: No. Only services that meet the CS-Team definition, delivered by a CS-Team member, can be billed at the CS-Team rate.

33. Can staff not deemed part of the CS-Team deliver a service to a CS-Team client, and if so, is it paid at the CS-Team rate?

    Answer: Staff who are not part of the CS-Team may deliver services to a client, but not at the CS-Team rate.

34. It seems as though CS-Team is a specific set of services, while ACT encompasses all services; does CS-Team replace ACT?

    Answer: CS-team does not replace ACT but offers a step-down alternative.

35. Can you give examples of what activities are billable under CS-Team?

    Answer: See service activities and interventions described in 132.150 subsections (e) and (f)(2), and in the Service Delivery and Reimbursement Guide.

36. Do you have to get pre-authorization for CS-Team clients?

    Answer: Yes.

37. Does conversion to CS-Team under the new rule create an issue for BALC/DMH, if an agency has CARF accreditation for ACT?

Answer: No.

38. If CS-Team is supposed to have a person in recovery, how does this apply to adolescents?

    Answer: A team member who is an individual in recovery is preferred but is not required. For adolescents, it may involve a family member.

39. Is it unethical for a non-CS-Team clinician/therapist to deny crisis services to a CS-Team client who presents directly to them?

    Answer: A presenting crisis should be addressed by the clinician/therapist and then follow-up with the CS-Team.

40. Must the QMHP be dedicated full-time to the CS-Team?

    Answer: Yes.

41. How does an agency get certified for CS-Team?

    Answer: Complete application for CS-Team certification and submit it to BALC.

42. CS-Team cannot bill for CS-Individual, but can a CS-Team staff bill for CS-Group?

    Answer: Yes.

43. Can a CS-Team participant receive CS-Group from non CS-Team staff, as in an outpatient staff member who provides an off-site group to the grocery store following a PSR group on nutrition?

    Answer: Yes. Other services such as PSR or Individual Therapy may be provided by staff not in the CS-Team. Non-team members cannot bill for CS-Team.

44. Is it correct that CS-Team is not a bundled service like ACT, therefore, if CS-Team staff provide a service, e.g., contacting SSA to set up an appeal appointment, this activity would be billed as CM-MH, and not as CS-Team?

    Answer: Yes.

45. Who do we list as the responsible party for a CS-Team recipient on the ITP - "CS-Team staff" (similar to ACT staff), or do we list a specific staff name(s)?

    Answer: Specific team members must be listed when the team is approved, but on the ITP , "CST staff" can be used as the responsible party.

46. The staffing qualifications for CS-Team state that a recovery specialist is preferred. What kind of recovery are you referring to - mental health or substance abuse?

    Answer: The person can be recovering from mental health and substance abuse, just not substance abuse only.

47. Does the team leader for CS-Team have to be fully dedicated to the team?

    Answer: Yes, per Rule 132.150 i) 6) A).

48. We have a wrap-around team for youth. Will that become CS-Team?

    Answer: It may, if you request certification for the service and your staff meet the requirements of Rule 132.

49. May a CS-Team staff person provide services to clients in other programs?

    Answer: No, not if the staff is one of the three FTEs dedicated to the team.

50. Does CS-Team have to provide crisis services 24/7, same as ACT?

    Answer: No, crisis services must be available but it can be provided by staff other than CS-Team members.

51. Can a person be in 24 hr residential (supervised, crisis or CILA) and receive CS-Team?

Answer: Only for a 30 day transition period, and services while in the residential setting should be billed as community support residential, not community support team. CS-Team services are intensive services to support an individual while they are learning to live, work and participate in their community. These intensive services are not needed when an individual is in 24-hour residential services.

52. If a person is in supported residential, can they receive CS-Team?

    Answer: Generally, yes, if the supported residential setting is an individual's home where they are learning to deal with issues related to living, learning and participating in their community.

53. I am the new Corporate Compliance Officer and I have a question on billing CST consumers when they attend group with CST staff and/or attend Psychosocial Rehab facility with non-CST staff at our Clubhouse. How should we be billing this group event? Currently we use CSG (Community Support Group) in the treatment plan but in the Service Definition and Reimbursement Guide under Allowed models of delivery, group is not permitted. Are there exceptions in billing for group activities?

    Answer: A consumer receiving CST services may also receive CSG and PSR services. You should document and bill whatever service is being provided.

54. Can the CST Team Leader assume leadership without being a regular practicing team member? We want to assign the Team Leader position to an LPHA who is a full time clinical and administrative supervisor and does practice as a clinician on the team, however, she also has other duties outside of CST.

    Answer: Rule 132 requires (132.150h)6)B) that the team leader in CST be full-time. Therefore, the team leader may not work on other duties. Responsibility for a 24/7 CST team cannot be part time.

55. Our scenario is that we have a worker who primarily bills case management transition linkage and aftercare for consumers who are being transitioned out of nursing homes. Once they are out, she is required to do follow up that may include some skills teaching, which is CSI. Can non-CST staff bill CSI to a CST consumer?

    Answer: The only time CSI may be provided to someone in CST is during the 30 days that the consumer is either transitioning from CSI into CST or when the consumer is transitioning from CST to CSI. Otherwise, no.

56. May non-CST staff provide case management-mental health service to a CST client? We have an employee who helps our consumers with their spend-down and other case management activities.

    Answer: There is nothing in the rule that prohibits this as long as staff meet the qualifications for providing case management-mental health.

57. Are case management services part of CST or are they billed separately as case management?

    Answer: Unlike ACT, everything done for someone in CST is not necessarily CST. If someone provides case management separately from CST, it should be billed as case management.

58. Must both ACT and CS-Team clients be initially authorized?

    Answer: Consumers identified for ACT and CST must have prior authorization.

59. Must we have a CS-Team set up in order to provide PSR services, or, may we provide CS-Team, Individual and/or Group on as-needed basis?

    Answer: CS-Team is a separate and distinct certification and is not required to provide PSR. PSR certification does require CS.

60. Can an individual receive PSR services, CS-Team services, and CS-Individual services concurrently?

Answer: Only 1 service can be provided, and thus billed, at a time. A consumer may be receiving CS-Team and PSR. A consumer may be receiving CS-Individual and PSR. A consumer cannot receive both CS-Team and CS-Individual except during authorized periods of transition to or from CS-Team.

61. Can staff other than CS-Team members provide CS-Team services, e.g., crisis?

    Answer: A client receiving CS-Team may receive other Part 132 services, except ACT and CS-Individual (except during transition), delivered by other agency staff, but only staff designated full-time as CS-Team staff may provide and bill for CS-Team services.

62. Why does a CS-Team (higher acuity) prefer to have one person be an "individual in recovery", whereas PSR services now require a person "trained in & preferably certified in recovery"?

    Answer: The rule does not require that a PSR staff person be trained in and preferably certified in recovery. The rule requires that one member of the PSR staff be a person with experience, training or certification in co-occurring disorders. This reflects the department's desired direction for services.

63. Is it allowable to exceed the number of staff on a CST or ACT team established by Rule 132 if the excess staff does not bill? Funding for an additional position would come from other resources, e.g., grants. We would not have this person bill so as to not double dip. In other words, do non-billing staff count toward the staff/member ratios for ACT/CST?

    Answer: Staff funded by a grant may serve as a member of a CS-T or ACT team. They must be a full member of the team and be counted as one of the maximum number of staff for CS-T or in the staff to client ratio for ACT team. They must function as any other team member, document provided services per 132 requirements and be supervised as any other team member. As you have noted, since their services are paid for by a grant, they should not submit Medicaid claims.

64. Does an in-house psychiatrist that serves CST clients (as well as other clients) get included in the staff count for that CST team? To clarify, the client sees the psychiatrist for medication review and his annual psychiatric evaluation, which are not CST services. We currently are not counting the psychiatrist because the psychiatrist doesn’t provide CST services, nor does he/she attend the team meetings. In my opinion, the psychiatrist is not part of the team.

    Answer: You’re correct. As you describe it, the psychiatrist is not part of the team. (9/1/12)