

Questions and Answers to Comparable Services Policy Decisions

1. Transitional Living Center: We were surprised to learn that the TLC does not require 24-hour staffing since that was the model we proposed to the state and the model that was funded at 100% what we asked for. I just want to confirm that although it is not required to be 24-hour staffed, it is OK for us to proceed forward with our staffing plan. Mostly, I just want to verify that the funding was approved for us to maintain this level of staffing, even if it wasn't required.

Answer: DMH funded provider's requests for staffing of the TLC for the purpose of maintaining the site. Those staff are grant funded positions for support of the site, not to provide clinical treatment to individuals living there. Staff who provide clinical services should bill for the appropriate Rule 132 service provided, and their salaries should be supported by such.

2. Billing question: Since this program isn't considered residential, if we did have a client receive Community Support services at the TLC location, we would not bill CSRI. Rather, we would bill CSI on-site, since it is an agency operated facility, correct? Just wanted to make sure it wouldn't be CSI, off-site.

Answer: For billing purposes, you should treat the TLC as you would an individual's independent living setting. Again, if the individual is in need of community support services, then the staff providing that service would be the same staff that provides community support services to other individuals NOT living at the TLC.

3. Transportation: We submitted our transportation costs in a separate budget. We never received any feedback on that budget, nor did we receive a contract. The Crisis Assessment, Discharge/Linkage and Outreach/Engagement grants were all funded at about 75% what we asked for and did not seem to include any of the transportation money we asked for separately. I just wanted to see if the transportation money was rolled up into those grants (which would mean that we were funded at even less than 75% on those 3 grants). If it wasn't rolled up, how do we access that?

Answer: Transportation money was rolled up into those grants; Agencies receive funds on a monthly basis to disburse internally to operate the program, thus, agencies have access to grant funds to provide transportation (reimburse) services. Transportation expenses should be separately identified in quarterly financial reports. Transportation for staff member to move to /from an evaluation or treatment site generally would be included as mileage expense line or as how it reimbursed to the employee. Transportation services provided for the consumer should be reported in a separate expense line. These mechanisms could include purchase of cash vouchers, taxi vouchers, or bus passes provided for consumers' use, the cost of agency van or staff personal vehicle transport as mileage; lease cost of agency vehicle should be a distinct expense line item.

4. Crisis Residential: We do not currently have Crisis Residential and are unfamiliar with those rules as we put together the program. I just want to understand if there is a difference between

24/7 access to nursing services on-site and 24/7 nursing services on-site. One caller (I think another provider) stipulated that it was 24/7 on-site. I just wasn't sure if that was someone from the state or not. We budgeted to have 24/7 nursing on-site, and were planning to do that anyway. I just wanted to see if there was any difference between the two. Also, are these nurses required to be RN's or can they be LPN's?

Answer: The existing (860) and comparable services (861) Crisis Residential exhibit standard is that a Nurse is physically present on site (in the actual program site) 24/7/365. Nursing can be as defined as Registered Nurse (RN) or Licensed Practical Nurse with RN supervision.

5. One agency is slotted to develop 2 TLCs. One of the budgets is robust, the other not so robust. They are wondering if they can manage these as a single budget and develop similar staffing for the watchful oversight function at each site. If this is okay with the lead agencies for the respective areas, would we have any objection?

Answer: After review of the contract language and internal discussions it has been determined that the agency's LC is contracted as one contract for all sites. Therefore, it is allowable for these funds to be used as the appropriate lead agency, and as the DHS/DMH regional staff see fit. The agency will need to be sure they are meeting all performance measures for each site and to ensure each site meets the requirements and capacity discussed in the budget negotiations.