

**Adult Mental Health Services:
Definitions and Frequently Asked Questions regarding Contact for Service
Notifications (CFSN) and Wait List Reports**

DEFINITIONS

- **Application for Service / Referral Date** is the date when:
 - The referral was received by the agency/organization with sufficient information to contact the consumer, or
 - The consumer requested service, if self-referred.

- **Date of Assignment** is the date when the consumer is given a contact person (name and phone number) in the agency.

- **CFSN Contact for Service Notification** is a notification that must be submitted to APS Healthcare on the day of Application for Service/Referral Date for the below listed services if the consumer is not assigned a contact person on that same day.

Services requiring a CFSN are:

- Assertive Community Treatment
 - Community Integration
 - Daily Living Support Services
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- **Wait Time** is the time between Application for Service/Referral Date and Date of Assignment.

Response time requirements, as defined in the 10/13/06 Consent Decree Plan are listed below:

Community Integration

- within 7 days for non-class members;
- within 2 days for hospitalized class members, and
- within 3 days for non-hospitalized class members

Assertive Community Treatment

- within 7 days for non-class members
- within 3 days for class members

Daily Living Support Services

- within 5 days

FREQUENTLY ASKED QUESTIONS:

1. What is the purpose of entering Contact for Service Notifications (CFSNs) in APS Healthcare's CareConnection?

- It allows APS Healthcare and DHHS/SAMHS to better understand and monitor the demand and waitlists for particular services, both for persons with and without MaineCare
- It is used by SAMHS, along with other data, to determine resource needs and possible budget implications
- It provides data for quality improvement efforts
- It 'starts the clock' once individuals request services, allowing SAMHS to determine wait times; time to assignment and compliance with Consent Decree standards
- Daily waitlist online reports can assist providers and consumers in finding available services

2. Should a CFSN be submitted when a person calls and expresses an interest in Community Integration Services?

Yes, unless a Prior Authorization is requested that day.

3. Should a CFSN be submitted after the provider determines clinical eligibility and MaineCare status?

No. It should be done on the Application for Service/Referral Date.

4. Should a CFSN be submitted when the person is seen for the first time?

No. Please see the answers for #2 and #3 above.

5. Should a CFSN be submitted when an appointment is made?

No. Please see the answers for #2 and #3 above.

6. Many times, when a consumer calls a provider, s/he doesn't yet know what service s/he wants. In the intake process, the need and eligibility for community integration services may be identified. Should the provider submit a CFSN at that point, rather than when the call first came in?

Yes. If CI, ACT, or DLSS is not requested at the time of the individual's first call, a CFSN does not need to be submitted. Once identified as a need, or specifically requested, that date becomes the Application for Services/Referral Date and then the response time requirements apply.

7. Can multiple CFSNs, by different agencies, be in APS Healthcare's CareConnection and all be active?

Yes, though this doesn't happen often.

8. When should the provider submit the Prior Authorization (PA) to APS Healthcare?

The provider should go to the APS Healthcare website and go to Provider Training which will take them to a video for CareConnections Training Course 2.

9. When and how does a CFSN end?

A CFSN ends when the individual receives the requested service or when the original agency who submitted the CFSN closes it within CareConnection.

10. Will a person entering services at agency A end a CFSN at agency B and all other open CFSNs?

Yes

11. When should an agency "discharge" a CFSN?.

Agencies should discharge a CFSN that they submitted when the individual is removed from the agency's waitlist without starting service. The individual maybe removed from the agency's waitlist for a variety of reasons. The provider may be unable to contact the individual; or the individual may not be eligible; may not show up for appointments; may withdraw or decline service or may attend one appointment and never return.

12. Where can people find CFSN information on the internet?

Information can be found at:

- www.qualitycareforme.com
- http://www.qualitycareforme.com/Maine_WaitList.htm
- http://www.qualitycareforme.com/MaineProvider_ProviderManual.htm
(CFSN
- form and provider manual (page 37)
- <http://www.maine.gov/dhhs/mh/csn/correspondence/index.html>

13. Who can I contact for information on the waitlist process and to get a copy of the waitlist for my agency?

Call APS Healthcare at 1-866-521-0027 Option for Provider Relations.

14. If a provider agency is unable to provide CI, ACT or DLSS services when requested, is that agency required to assist the consumer in accessing those services through another provider agency?

Yes. This is not accomplished by simply giving the name of another provider agency to the consumer. The agency is required to call other agencies attempting to find one who can provide the service, and then make the referral.