

Adult Mental Health Services: Frequently Asked Questions Contact for Service Notification & Wait List Reports

1. What's the purpose of entering Contact for Service Notifications (CFSNs) in APS Healthcare's CareConnection?
 - Allows APS Healthcare and DHHS/OAMHS to better understand and monitor the demand and waitlists for particular services, both for persons with and without MaineCare
 - Along with other data, this information is used by OAMHS in determining resource needs and possible budget requests or modifications
 - Provides data for quality improvement efforts
 - 'Starts the clock' as to when individuals request services, giving a more accurate picture of waiting times and time to assignment and supporting compliance with standards
 - Daily online reports can assist providers and consumers in finding available services

2. For what services are CFSNs entered by adult services providers?
 - Assertive Community Treatment
 - Community Integration
 - Daily Living Support Services

3. When should a Contact for Service Notification (CFSN) be submitted?
 - A CFSN must be submitted when a consumer contacts the provider for or is referred for service (applies for service) if the consumer is not immediately assigned to a service with no waiting time.
 - Application for service is the date that the referral was received by the organization with sufficient information to contact the consumer or the date the consumer requested service if self referred. It is not the date of the assessment, intake or time when the individual was found eligible.*
 - Date of Assignment is the date when the consumer was assigned a community support worker, not the date that the consumer first saw the CSW.*
 - Waiting Time as defined within OAMHS standards for expected response times (Consent Decree Plan of October 13, 2006) is the time between application for and assignment to a service
 - 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

4. Should a CFSN be submitted when a person calls and expresses an interest in CI?
The provider won't yet know if the member has clinical eligibility for the service, or possibly even if they have current MaineCare. Should a CFSN be submitted after the provider determines basic service eligibility and MaineCare status?
 - As noted above, submit the CFSN at the time of request/application if the individual can not be assigned to a service within the prescribed timeframes. The 'application for service' starts the clock, not eligibility or whether the individual has MaineCare. As noted above, 'assigned' does not mean that the client has been seen.
5. Should a CFSN be submitted when the person is seen for the first time?
 - Please see the answer for #s 3 and 4 above
6. Should a CFSN be submitted when an appointment is made?
 - Please see the answer for #s 3 and 4 above
7. 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 CI may be identified, so the provider would submit a CFSN at that point, but not when the call first came in.
 - Correct – if the need for CI, ACT, 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 'date of application' and the rules for submission apply.
8. Can multiple CFSNs, by different agencies, be in APS Healthcare's CareConnection and all active?
 - Yes, multiple CFSNs may have been entered by different agencies and be active. It is not our experience that this happens very often.
9. Definition is needed for when a provider submits the PA. Providers submit a PA at different points. Each method will result in the member coming off of the CFSN list at different times. The day the first face to face occurs? The day the worker is assigned? The day the member is determined to be clinically eligible for services?
 - Yes, the submission of the PA will affect when the CFSN is discharged or closed within the APS Healthcare System and will affect data within the waitlist reports.

- OAMHS does not prescribe when a PA must be submitted – please follow APS Healthcare requirements for PA submissions.
10. Will a CFSN end? When and by what means does it end?
 - Yes, a CFSN ends at the time an individual receives the requested service (automated within CareConnection if the agency serving the individual submitted the CFSN) or when the original agency who submitted the CFSN closes it within CareConnection
 11. Will a person entering services at agency A end a CFSN at agency B and all other open CFSNs?
 - At this time, no, only the CFSN for the agency submitting the PA.
 - APS Healthcare is currently working on a solution to this problem so that all CFSNs are closed.
 12. Definition is needed about "discharging" CFSNs.
 - Agencies should discharge a CFSN that they submitted when the individual is removed from the agency's waitlist without starting service. The individual may be removed from the agency's waitlist for a variety of reasons: not eligible, could not be contacted, did not show for appointments, withdrew or declined service, came for one appointment and never came back, etc..
 13. Change the name of the Grant Funded Wait List Report to Grant Funded Unmet Needs Report
 - As we do not know if the individuals on the grant funded CFSN report are indeed eligible for service, the numbers would not translate accurately to actual unmet needs. The name of the report will not change at this time.
 14. 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> --- 2009 (Don Chamberlain memo of 1/26/09 re: APS Contact for Service Notification Form)
 15. Who can I contact for information on the waitlist process and to get a copy of the individuals on a waitlist for my agency?
 - Call APS Healthcare at 1-866-521-0027 Option 0 and ask for Sara Godfrey

- * September 12, 2007 Memo from Don Chamberlain to Executive Directors/CEOs of Organizations providing CI, ACT Services and Mental Health Team Leaders, Subject: Applying Consistent Definitions for Date of Application and Date of Referral on Enrollment Forms.

This Memo also noted: ... if a consumer requests a service from an agency that is unable to provide the service, that agency must assist the consumer to connect with another agency. This is NOT accomplished by giving the name of the agency to the consumer; it requires assuring that the connection is made.