



DWHIN CRSP MEETING RECAP
TUESDAY, MARCH 30, 2021 – 1:00 P.M. TO 2:15 P.M.

1. Referral to a provider for clinical services should not automatically change the CRSP?
A. No. There are CRSPs that have to coordinate clinical services with another provider that may be a CRSP but that original CRSP should remain intact. The CRSP providing the clinical services should not check the box that they are the CRSP.

2. How do we get involved in the readmission committees at DWHIN as a provider?
A. Please send an email to Jacquelyn Davis at jdavis2@dwihn.org.

3. American Indian Services is listed are they still operational as I thought they were closed permanently?
A. Yes, they are closed and the list will be corrected.

4. Will there be a training on TAP? So many changes to the system!
A. We have offered training on the system but are able to schedule something for your organization if you'd like.

5. I don't have this form, but when you were scrolling I did not see Community Living Services listed as a CRSP?
A. The form will be shared with all Providers. CLS is listed under Adults, Children/Adolescents/Youth with I/DD.

6. If a member is referred for Psych services and that provider attempts to change themselves to the CRSP, will the original CRSP be notified?
A. Providers should not change CRSP without an individual request or completing the form. Original CRSPs will be notified if an individual chooses to change their CRSP. If this has not occurred, please be sure to send an email to: crspprovider@dwihn.org.

7. Can these forms be found on DWHIN's website?
A. They will be placed on the website. We'll let everyone know where they can be located.

8. If an individual is scheduled for an intake, but the designation is not in MH-WIN, do we use the form or communicate with the Access Center on ensuring the screening process is complete and the designation is already assessed?



- A. You should contact the Access Center if there is no designation in MH-WIN.**
9. Will the CSRP change form be the only method to have a CRSP switched over? Does the completion and submission of the IPOS also drive this process?
- A. Yes, that will continue as the only method to do that switch.**
- A. There have been errors in the past where a CRSP was switched erroneously and was corrected immediately. An IPOS may cause a switch if the Provider checks the box on the IPOS that they're the CRSP. An error had been corrected in December where an IPOS for a crisis service caused the CRSP to change.**
10. Will the original CRSP be notified if the latter occurs? And if so, what are the next steps to determine who the appropriate CRSP should be?
- A. There is really no way to determine a correct use of the flag to mark as CRSP vs incorrect. We are considering issuing a report by CRSPs on a quarterly basis that gives them a way to attest to the correctness of the data. This will help us narrow down cases where either more education and training are needed for staff belonging to specific CRSPs where this issue occurs.**
11. How often can the complex case management team be utilized per member?
- A. There is no limit on how many times members can be enrolled. Once enrolled the max number of days is 120 as CCM is a short term service but we have members who closed and then reopened at a later time.**
12. Are CCM services coordinated with the CRSP?
- A. Yes, we coordinate services with the CRSP.**
13. This is an absolutely great service!!! The new utilization guidelines have really created a barrier for those more complex members, so this is great! Can I also receive a copy of the CCM flyer? My email is fturner@nso-mi.org.
- A. Yes, I will send you some information.**
14. Can you confirm that Assured Family Services is listed as a CRSP? We provide services for SED and juvenile justice youth.
- A. You absolutely are listed as a CRSP. AFS is listed under Children/Adolescents/Youth with SED.**



15. Can I receive a copy of the PDF flier for the Complex Case Management program?
- A. Absolutely, https://www.dwihn.org/providers_IHC_CCM_brochure.pdf. If you are interested in more information Ashley Bond abond@dwihn.org can email the CCM flyer and referral form as well.**
16. For complex case management, do you guys monitor the advance action notices and try to re-engage that way?
- A. No, we don't monitor advance action notices. If a provider identifies a member that's having difficulty with engagement, they would submit a referral to us, and then we would try to engage.**
17. Is the Residential Review process going to be ready for review of the April 1st forward provider disputes related to the new H2X15 pay structures (due to the U modifiers)?
- A. We will have to review our process to determine if it will be ready by April 1st. We do understand the urgency of the approaching date.**
18. What time are those May 11th and June 23rd CRSP meetings?
- A. Same time as today, 1:00 p.m. to pm-2:15p.m.**
19. Can the option of changing the CRSP (the checkbox that is being checked in error) be disabled?
- A. That checkbox is needed for the actual CRSP when the IPOS is completed and uploaded, so it cannot be disabled. DWIHN is continuing to monitor and address any change issues.**
20. PsyGenics does not provide services to SED and will need to be removed from the form.
- A. Please send me an email to Jacquelyn Davis at jdavis2@dwihn.org for where they should be. Also, the spelling for PsyGenics has been corrected in the document.**
21. How will DWIHN be using the Risk Matrix scores? "Risk" of what is it intended to measure?
- A. Risk Matrix scores will be used on multiple fronts including:**
- a. Identifying providers where more collaboration is required to provide support in better outcomes.**
 - b. Using data to drive some of the incentive initiatives based upon performance.**

