



Conflict Free Case Management (CFCM) Frequently Asked Questions (FAQ)

General

- Q.** I am a new CFCM for the I/DD population, and I have a question. Who can I reach out to for guidance? **(January 2025)**
- A.** Please use the following emails for questions:
- Questions regarding CFCM: bhddh.cfm@bhddh.ri.gov.
 - Technical questions regarding WellSky (new user set up, staff leaving agency, password reset, popups, etc.): BHDDH.WellSkySupport@bhddh.ri.gov.
 - Process related questions specific to WellSky (how to send a note, how to assign a worker, etc.) should be sent to: BHDDH.WellSkyUserQuestions@bhddh.ri.gov
 - If you have specific questions about a service (such as employment) or for a unit, you can reach out directly to the BHDDH contact. Contact information for BHDDH can be found here: [Contacting the Division of Developmental Disabilities | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals](#)
- Q.** Our agency is looking for guidance on the use of release of information forms. Is there a general release form that everyone should use? Should it be agency based? In what instances do we/don't we need a release? **(March 2025)**
- A.** Per the [CFCM Certification Standards](#), each CFCM agency shall have written policies and protocols, including the Participant Record Policy (p 10).
- The policy shall include:
 - The procedure governing the use, storage, and removal of participant records;
 - The conditions for release of information contained in the participant record;
 - The requirements of authorization in writing by the Participant or Authorized Legal Representative for release of information;
 - The maintenance of all records relating to the delivery and documentation of case management services for a minimum of seven (7) years and the maintenance of all financial records for a period of seven (7) years; and
 - Compliance with the Health Insurance Portability and Accountability Act (HIPAA).
 - Per the CFCM Program Manual, Section VII. B (p 19), release of information is necessary for the case manager to complete their referral assistance functions:
 - *"For all other community services, the case manager is expected to provide referral assistance only. Referral assistance may consist of providing the participant with the appropriate contact information or by contacting the entity on behalf of the participant if the participant requires or requests that level of assistance and signs the necessary release of information to authorize sharing the participant's information."*

- There is not a general release form, however it is the responsibility of the case management agency and the case manager the form is in a format and language that is understandable and accessible to the participant.

Q. I understand we are under a consent decree. What does that mean for CFCM? **(March 2025)**

A. There is a court monitor that oversees the States progress toward goals of the consent decree.

- The court monitor and the state gather data regarding participant outcomes and CFCM. The Court monitor will give direction based on report.
- PCPs will be reviewed and audited to ensure goals are person-centered and written in the voice of the individual.

Staffing, Performance, and Quality

Q. Are supervisors able to have a caseload of participants assigned to them? **(January 2025)**

A. No. Per the CFCM Program Manual (Section XII Staffing C P 32): “All case managers must have an assigned supervisor. Case management supervisors do not have participants caseloads and are expected to provide oversight and management of the case managers they oversee.”

Q. Who should we inform when we have changes in staffing (new hire or someone who has left the agency)? **(January 2025)**

A. Please send staffing updates (new staff starting or staff separating from the agency) to the BHDDH.CFCM@bhddh.ri.gov, while also updating the CFCM Personnel Template and the CFCM Report Template. Also, please email BHDDH.WellSkySupport@bhddh.ri.gov to request new staff user profiles get set up or [email](#) to request staff profiles get deactivated when staff leave the agency.

- Completing the CFCM Personnel Template will help to ensure the appropriate people are included on participant referrals, email communications, and meeting invites. The role options align with Section XII. Staffing of the CFCM Program Manual. As a reminder, please use the email ohhs.ltssnwd@ohhs.ri.gov if there are any changes in staffing that will impact referrals or communications from EOHHS.

Services, Supports, Participant Funding

Q. What is the process for increasing DD services? Would this require a new Person-Centered Plan (PCP)? **(January 2025)**

A. First, the CFCM needs to check the participant’s budget to see if they have enough unused funds for additional services. If so, you can do a plan amendment to allocate more funds for an existing service or add a new service.

- If there are no funds, and the person has definite need for additional BHDDH services, the CFCM should help the participant submit a request for BHDDH supplemental funding (S109).
 - Individuals can apply for supplemental funding through the S109 process. S109 requests are for non-emergency supplemental needs that directly related to the health and safety of the participant and can’t be met with the participant’s initial funding.

- S109 forms can be found using the link below under service requests. Once completed, they should be submitted via email to bhddh.s109@bhddh.ri.gov
- More information regarding supplemental funding requests can be found in the billing manual. The billing manual can also be found using the link below under fiscal resources.
- [Forms | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals](#)
- CFCM Program Manual, Section (VIII)(A): New plans are only created at the time of the annual plan renewal which occurs once a year. A Person-Centered Plan would be updated/amended.

Q. When will our CFCMs be able to make referrals in WellSky? **(January 2025)**

- A.** The provider agencies do not yet have access to WellSky. The anticipated date for providers to have access is mid-January. At this time, referral is to be made by directly contacting the agency.
- Once the agency has informed you that they can serve the participant, please contact DD at the CFCM email and we can then make what is called a quick referral in our case management system as providers are not yet in WellSky.
 - To make a referral for goods and services, complete the required forms found here: [Self-Directed Supports | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals](#). We also have a contact here at DD regarding Goods and Services process, Jackie Camilloni. Please connect with her for coordination of submitting the request.

Q. I need to make a referral to a provider agency, but I understand providers are not (yet) in WellSky. What is the current process for referrals? **(Updated March 2025– Please use direction below as they are more current and accurate than the directions noted above)**

- A.** This question was asked and answered in the previous CFCM FAQ. The answer below provides the most current guidance.
- Below is the current process for referrals:
 - After discussing options for services with the participant, CFCM will identify [potential providers](#)
 - Referrals will be completed off-line through secure emails and phone calls
 - CFCMs will securely email necessary information, such as current ISP/PCP, WellSky demographics face page, SIS Summary Report to the provider
 - Once a referral is accepted by the **provider and participant**, email bhddh.cfm@bhddh.ri.gov [**Subject: Quick Referral**] and DD will use the Quick Referral process in Therap to admit the participant to the provider.
 - Be sure to include the participant's name, date of birth, provider agency, services, and start date for admittance to provider in the email.
 - Reminder, all residential referrals are handled by the Residential team at BHDDH.
 - CFCMs must complete a Residential Needs Assessment (and possibly a Situational Needs Assessment in addition to the Residential Needs Assessment, if seeking residential setting outside of approved tier)
 - To find Residential Needs Assessment, click on Assessment/Form tab
 - From Please Select Type drop down, select Residential Needs Assessment

- Review = Initial
 - Agency/Program = BHDDH/IDD/HCBS
 - Assessment/Form Status =Draft
 - Complete as much of form as possible
 - Once you have completed the form, change the status to pending
 - Change the worker (top right) to Melissa Greenlief in the form.
 - File, Save and Close Assessment/Form
- For referrals to services and supports not paid for through DD, complete the following:
 - Reach out to the provider through secure email or phone call
 - Document contact in a note (Notes tab) including any relevant and important information including the organization, service, contact information, etc.
 - Case Manager is responsible for ensuring they document interactions and efforts in a WellSky note, even when referral is done off-line.

Q. I have a participant that is 21 and still in school. Are students able to access DD funding and services? **(January 2025)**

A. Youth who are in Transition (called Youth in Transition or YIT) from the school system can start services at any time following Eligibility. They can access a portion of their funding until they are done with school. Participants and families need to understand that their children’s services (HBTS, PASS), if they have any, end when adult services start. Referrals to CFCM are to occur approximately 6 months prior to needing services.

- FY2024 Annual Funding Levels – see p 3-4 for participants under 22 receiving school-funded services [FY24 Annual Funding Levels \(Tier Packages\) 10.4.23.pdf](#)
- FY2025 Annual Funding Levels (Tier Package) – see p 5 -8 for participants under 22 receiving school-funded services [FY 2025 Annual Funding Levels](#)

Q. What is the procedure for requesting additional funding? **(January 2025)**

A. Request for additional funding requires a form to be submitted along with supporting documentation. These are called S106/S109. They can be completed by a provider, a participant, or a CFCM. See p. 47 (FY 24) or p. 52 (FY 25) from [billing manual](#) (fiscal resources).

Q. Is there a list of Behavior Support Plan (BSP) writers for CFCM? Who makes referrals for BSP? Is it CFCM or FI? **(January 2025)**

A. Providers are responsible for behavior plans. Participants who self-direct will continue to get behavior plans as they have always done.

Q. I was just referred a new participant who is currently a Tier E. Who is responsible for the behavior support plan? **(Updated March 2025)**

A. This question was asked and answered in the previous CFCM FAQ. The answer below provides additional guidance. Providers are responsible for behavior support plans. As noted in the Program Manual (Section E, p 36), the CFCM is not authorized to create a behavior support plan. CFCMs should review behavior support plans so that they are able to understand the participant’s needs and report any critical incidents.

Q. As a CFCM, what should I do when a parent or stepparent is looking to move a participant into a nursing home due to a change in circumstance (parent/stepparent is dying, change in status for participant, other)? **(March 2025)**

A. BHDDH seeks the least restrictive environment based on regulations and participant need.

- The family would contact the nursing home to see if the participant is eligible and the nursing home would then contact DD.
 - Nursing homes are not a DDO. Therefore, the participant may not pay for nursing home placement with their BHDDH funding.
- For residential placement in a group home (vs a nursing home), participants need to meet a specific level of clinical need (Tier level = C or higher are eligible for group home). Additionally, it is always best to consider the least restrictive environment when thinking about placement.
- If the participant seeks/ needs a different residential placement, the CFCM needs to complete a residential needs assessment (reminder, change worker on the form –top right- to Melissa Greenlief).
 - Once the residential needs assessment is completed, the residential team will seek to find a placement for the participant, depending on priority, need, and capacity.
 - CFCM should ensure the participant is on the Waiver.
 - To complete a Residential Needs Assessment in WellSky:
 - Click on Assessment/Forms
 - Select File, Add Assessment/Form
 - From Please Select Type drop down, select BHDDH Residential Needs Assessment
 - From Review Drop Down, Select Initial (if completing an initial residential need assessment)
 - From State Agency/Program drop down, Select BHDDH/IDD/HCBS
 - Complete as much of the form as possible
 - At the top, next to Worker box, click Lookup
 - Type Greenlief (or at least the first three letters) and click Search
 - Select Melissa Greenlief from names returned
 - Change Status of form from Draft to Pending
 - Click File, Save and Close Assessments/Form
 - **If there is a situation in which the participant may need living situation outside of approved tier, CFCM will complete both Situational Needs Assessment and Residential Needs Assessment in Assessment/Forms tab

Q. I am looking for guidance on individuals who want to self-direct their services. As a CFCM, what is my role for those participants who already know what agency (FI and Support Brokerage) they want to work with? What is my role for those who have been working with a plan writer and want to continue? **(March 2025)**

A. If the participant has a plan writer and plan writer has gone through CFCM training to become an Independent Facilitator (IF) and the IF has capacity, then the plan writer/IF would continue with the participant.

- If the participant is new to the system and wants to self-direct or they have been receiving services through an agency and they decided they would now like to self-

direct all or some of their funding, the CFCM would write the plan. In addition to writing the plan, the CFCM will also refer the participant to a Fiscal Intermediary and Support Brokerage agency of their choice and then monitor the plan. When CFCM is assigned the participant, they assume all responsibility for writing and monitoring the plan and facilitating any referrals.

- Participants will not have both an IF and a CFCM.

Enrollments, Assignments, Disenrollments

Q. We noticed a participant that was assigned to our agency yesterday is no longer on our list. Are notifications sent out when a participant is added or removed from a CFCM agency/CFCM list? If not, how would our agencies/worker know of changes to caseload? **(January 2025)**

A. No. Notifications are not sent out when assignments are changed. However, you can see changes in caseload by logging into WellSky (the LTSS Case Management Platform) and selecting My Work. This is typically the default chapter/view that you see when you login. Under the Participants in the CMA/Service Provider box, you will see the number of next to Clinically Eligible, Open, or Closed change.

The screenshot shows the WellSky interface with a 'File' menu at the top left. The main content area is divided into two sections: 'WEB FORMS' and 'PARTICIPANTS'. Under 'WEB FORMS', there is a 'Web Forms Alert Notes List' showing 0 unread alert notes. Under 'PARTICIPANTS', there are three sub-sections: 'State Agencies/Programs' with 1 Closed and 1 In Progress; 'Ticklers' with 36 ticklers; and 'CMA/Service Provider' (highlighted with a red box) with 2 Clinically Eligible, 3 Closed, and 3 Open participants.

Q. We received a new referral to our agency. How do we reassign the participant to a different CFCM within our agency? **(January 2025)**

A. To re-assign, follow the steps below:

- Click into the participant's record.
- Click on the CMA/Service Provider tab
- Below, you should see your agency listed in a row from the records returned. Click in the row where you see your agencies name.
- From the drop down, change the Disposition to Clinically Eligible
- Click File, Save CMA/Service Provider
- On the left-hand side, click the CMA/Service Provider Workers tab
- Click File, Assign CMA/Service Provider Workers
- Click the Lookup box

- In the Search Text box, type at least the first three letters of the last name
- Click Search
- Select the name from the records returned
- Click Save and Close Referral Worker
- The name you added should now appear in a table. At the end of the row, check the unnamed, blank box at the end of the row.
- Click Tools, Designate As Primary
- The participant should now be assigned to the CFCM.

Updated March 2025 – Please use direction below as they are more current and accurate than the directions noted above

To reassign a participant with a different Case Manager/worker in your agency:

- Open the participant’s record
- Click on the CMA/Service Provider tab
- From the records returned, click on the name of your agency
- On the left side menu, click on CMA/Service Provider Workers
- Click File, Assign CMA/Service Provider Workers
- Under Worker Name - Click Lookup
- In the Search Text box, enter at least three letters of the participant's last name
- Click Search
- From the records returned, click on the worker's name
- Click File, Save and Close Referral Worker
- To make the new worker primary, click on the unmarked box at the end of the row where the workers name shows
- Click Tools, Designate as Primary
 - Reminder **When the Case Management agency is added, the disposition is initially set to Clinically Eligible to ensure the case manager receives relevant ticklers. Ticklers can be reassigned from the CMA/Service Provider tab
 - Click on Ticklers to right of File
 - Click on the right arrow (on far right) in row that lists the relevant Tickler to be reassigned
 - Click on Reassign
 - In the Search Text box, enter at least three letters of the last name of the worker you want to reassign the tickler to
 - Click search
 - Click on the worker’s name from the records returned
 - Reminder ***When Case Management agencies are added to the CMA/Service provider tab after a referral has been sent, the disposition is initially set to Clinically Eligible so that the Primary Worker will receive the relevant ticklers. Once the CMA agency and Primary worker have been assigned, the disposition needs to be changed by the agency to **Open as soon as possible** (see below). If the disposition is left in Clinically Eligible, then the Case Manager won’t be able to later to create a plan (in the plan tab).

Q. We’ve hired new CFCM(s). When should our CFCM agency expect to start receiving additional IDD referrals? (**March 2025**)

A. I/DD referrals to certified CFCM agencies have been ongoing since September 2024. Additional referrals to certified agencies will be based on the following criteria or factors:

- The CFCM agency reaches out to the Division to make a request for additional referrals **AND**
- The CFCM agency capacity (also see Program Manual Section XIII, Section B – Caseload and Capacity, p 34), based on information provided in the CFCM Report Template.
- Per the CFCM Program Manual (Section XIV, Section A – Training, p. 34), the CFCM agency ensures that all their case managers receive training (delivered by the State and by the CFCM agency) **prior** to being assigned independent case management duties. Trainings may include, but are not limited to:
 - Orientation training by the CFCM agency
 - Orientation training by the State or External Vendors
 - As outlined in the CFCM Program Manual, training includes the LTSS Case Management Platform (WellSky).
 - DDD provides training for CFCMs in the use of WellSky as the LTSS Case Management Platform.
 - WellSky access for new staff must be requested by emailing BHDDH.WellSkySupport@bhddh.ri.gov.
 - CFCM agencies must accept or deny the referral within two (2) business days (per the CFCM Program Manual, p 11)

Person-Centered Plan

Q. When do we base the plan start date from? Is it the date of the person-centered plan meeting, the date the plan is submitted to DHS or BHDDH, or the date the plan is approved? And what dates do we use for Service Start and End date? (**January 2025**)

A. If someone has a current plan, e.g. 2/1/2024-1/31/2025, then the start date of the next plan is expected to be 2/1/2025.

- Plan Effective Date = plan start date
- Plan Renewal (End) Date = plan end date (364 days after the Plan start date)
 - If someone is new and hasn't had any services previously, then the start date is the date services are wanted or are expected to begin. Keep in mind the program manual states that plans should be submitted **no less than 30 days and no more than 60 days in advance** of the **start date**. So, for example, if you are working on a plan now for someone who is new and will submit it on 10/29/2024, the start date can be between 11/29/2024 until 12/29/2024, depending on when the provider has agreed to start services or when the person wants to start if a provider hasn't yet been identified.
 - The date(s) of the Person-Centered Plan meeting is the day you had the meeting(s) with the participant.
 - Services dates
 - Service Start Date = plan start date or dates new services will start if plan is amended to add goal/services.
 - Service End Date = plan end date (364 days after the Service start date) or dates new services will start if plan is amended to add goal/services.

Update March 2025 – Please use direction below as they are more current and accurate than the directions noted above:

- On the Plan Information subpage, the Plan Effective Date and Plan Renewal Dates must be the **SAME** as the Service State Date and Service End Dates.
- Q.** Who is facilitating the PCP meeting and when does the CFCM begin facilitating the Person Center Planning meeting and submit the PCP in the WellSky System? **(January 2025)**
- A.** CFCMs can begin to facilitate the PCP meeting when they have participated in both formal training and have had documented shadowing experiences. Providers and current plan writers will continue to take the lead in this process while CFCMs are learning their new roles. When the CFCM demonstrates ability to perform duties related the role, they can assume the facilitation and writing of the PCP. DD will review the entire PCP process and provide formal feedback for the first several plan submissions by CFCM.
- Q.** I was recently assigned a participant and just added a new plan in WellSky. However, when I click Program on the Plan Information page, I am not able to select anything and therefore can't save the plan. What steps do I take to create and save the plan? **(March 2025)**
- A.** This is related to the disposition selected on the CMA/Service Provider tab. When a participant is referred and a worker is assigned, the disposition is initially set to clinically eligible so that the worker receives the relevant ticklers. Once the worker receives referral, the worker needs to change the disposition from Clinically Eligible to **Open as soon as possible** in CMA/Service Provider tab. This will later allow the CFCM to select a program when adding (and saving) the plan.
- Q.** There are several CFCMs in our agency that are getting ready to write their first PCP in WellSky. We are wondering if we can have someone come to our agency and walk us through the process using one of our participants as a model. **(March 2025)**
- A.** Yes, we can provide support as you enter your first PCP in WellSky. Contact us using the CFMC email to set up a day and time that will work best for all: bhddh.cfm@bhddh.ri.gov
- Q.** How do I find information about a participant's SIS assessment or tier? **(March 2025)**
- A.** Below are the steps to find more information regarding SIS:
- **How to find the SIS Summary Report**
 - Click into the participant record
 - Click into the **Notes** tab
 - Search by **Note Type = SIS**
 - Clicking on the header will sort the columns. Click on Note Type once to sort A – Z. Click again to sort Z – A. Search for SIS.
 - Search by **Note Sub-Type = SIS-A Summary Report**
 - Review **Description** or **Note Date** to help you find the SIS Summary Report completed you may be looking for
 - Notes that migrated from previous system (Therap) are likely to show **Note By = Data Migration**
 - You can also search by **Attachment = Yes** as this report will be an attachment
 - **How to find SIS Tier**

- Click into Participant record
- Click on **State Agencies/Program Tab**
- From the records returned below, select the row where **Division = LTSS** and **State Agency/Program = BHDDH/IDD/HCBS**
 - Review Dates and select most recent dates associated with BHDDH/IDD/HCBS
 - Click on words or numbers in the selected row. Clicking in a blank area will now open next window.
 - In the new page that opens, look for **SIS-A Tier**. This will indicate participants current tier level.
 - If the participant had/has a **SIS-A Interview Scheduled**, you may see a date in the next section. The date may be in the past, or in the future.
- **Who contact if a participant needs a SIS**
 - If you believe a participant **needs a SIS** or have **any questions** about a SIS, please reach out to:
 - Chief Casework Supervisor, **Donna Standish**: (401) 462- 2628 or Donna.Standish@bhddh.ri.gov

CFCM Meetings and Monitoring

- Q.** Where can I find the BHDDH introduction and appointment letters for I/DD participants? **(January 2025)**
- A.** Currently, we are not using the letters that automatically generate in WellSky. There are templates on website, under [CFCM forms](#). Please note letters should be on agency letter head. We are working on updating the letters that automatically generate in WellSky to be more accessible for I/DD participants.

Update March 2025 – Please use direction below as they are more current and accurate then the directions noted above:

- The letters in WellSky have been updated and should now be used. However, letter must still be sent on agency letterhead.
- Q.** I am a new CFCM. How do I gather information regarding a participant new to my caseload? What do I do if I have questions about a participant? **(January 2025)**
- A.** Speak with the social caseworker/social casework supervisor at DDD
- To find the state social case worker in WellSky, open the participant record in WellSky.
 - Click the State Agencies/Program tab
 - In the records returned below, click in the row =BHDDH/IDD/HCBS under State Agency/Program
 - On the left, click the Program Workers tab
 - This will return a list of state social case workers associated with the participant, along with start and end dates, and the worker marked as primary worker. For some participants, Data Migration may be listed as a (primary) worker. In this case, you will need to look at the list to see which worker from the list was assign most recently.
 - Or email: CFCM email (bhddh.cfm@bhddh.ri.gov) and we will help to connect you
 - Obtain current PCP, behavior support plan, medical plan, other support doc from the state contact. Note: these documents are not currently in WellSky. DDD is working to migrate these documents.

- Review case notes currently in WellSky under the Notes tab to obtain historical information.
- Speak with the providers.
 - To find current providers for the participant, open the participant record and click on the CMAs/Service Provider tab.
 - Below, you will see a list of providers assigned to the participant, if any.
 - Click on the name of any provider/row to view more information.
 - Once the CMA/Service Provider page opens, click on the CMA/Service Provider Worker tab on the left to view assigned workers from the Provider agency.
- Speak with the participant and any other individuals they identify as supports.

Q. I am a new CFCM. I've tried to contact a participant new to my caseload but have been unsuccessful three times. I have documented each of these attempts. What should I do now? **(January 2025)**

A. If you have reached out to a participant with no response, please send correspondence to the CFCM email (bhddh.cfm@bhddh.ri.gov) so that we can advise as to next steps.

Q. Our agency is planning an initial meeting with a participant who has just been found eligible and does not have a current state social caseworker. Is it possible to have support from the state as we write our first PCP in WellSky? **(January 2025)**

A. Yes, with the consent of the participant. Please email CFCM and we will connect you to someone from DD to support you at the meeting. bhddh.cfm@bhddh.ri.gov

Q. When is a CFCM required to do the Qualitative Review of Life Domains? **(January 2025)**

A. The CFCM should be completing the Qualitative Review of Life Domains yearly during the pre-planning process with the participant. If the participant is new to CFCM and doesn't have a plan due in the next 6 months, information to complete the [Qualitative Review of Life Domains](#) should be gathered in the first three months. The [form](#) currently exists on the website but we are working to get it into WellSky. Currently, it is a fillable PDF that should be completed and uploaded in the Notes tab of WellSky (Type = Documentation, Subtype= Other, Description= Qualitative Review of Life Domains and date). This is a document that CFCMs should use to facilitate conversations throughout the year.

Q. How to I document contact with participants? **(January 2025)**

A. For new participants who do not have an active plan, use notes to document contact.

- Pre-planning notes – from the participant record, click into the Plan tab.
- Once you have added a plan and completed the plan information, select the Plan Notes and Follow Up tab
- Click File, Add Note
- Note Type = Person Centered Planning
- Note Subtype = Preplanning
- In Description, enter 'Pre-Planning meeting' and a date.

Update March 2025– Please use direction below as they are more current and accurate than the directions noted above:

- Currently, there isn't a Preplanning note Subtype in Production. Please follow these instructions:
 - In Plan tab, add plan and complete plan information
 - Select Plan Notes and Follow up subpage
 - Click File, Add Note
 - Note Type = Person Centered Planning
 - Note Subtype = Leave blank
 - In Description, enter 'Pre-Planning meeting' and a date.

Q. I noticed there are multiple places to document contact with the participant. Specifically, there is the Contact form in the Assessment/Forms tab and there is Home Monitoring/Visiting or Case Note in the Notes Tab. Where should I be documenting? **(March 2025)**

A. The documentation type will be related to the content of the conversation, rather than who initiated the contact or the date of the contact.

- BHDDH monthly monitoring contacts (for more information, see CFCM Program Manual, Section IX – Person-Centered Plan Monitoring, p. 25), should be documented using the Contact Form in the Assessment/Forms tab in WellSky.
 - Open the participant record
 - Click Assessment/Form tab
 - Click File, Add Assessment/Form
 - From the Please Select Type drop down, Select Contact Form
 - From the Agency/Program drop down, select BHDDH/IDD/HCBS
 - From the Attempted Contact Outcome, select whether the contact was successful or unsuccessful
 - Select the type of contact
 - Complete form, especially those areas/questions with a red asterisk
 - Click File, Save and Close Assessment/Form
 - Other contact with the participant, aside from monthly monitoring contacts, should be documented in the Notes tab.

Reimbursement

Q. If a client passes away or if we close a client in any given month, are we able to bill? If so, should we expect a full or partial payment? **(March 2025)**

A. CFCM agencies are to bill the monthly unit if a billable activity was completed, as outlined in the CFCM Program Manual (Section XIII – Reimbursement, p. 33).

- Per the CFCM Program Manual:
 - “To bill a monthly unit, case managers must either
 - Conduct and document a monitoring contact with the participant as described in the CFCM Program Manual, Section IX (Section IX – Person-Centered Plan Monitoring, p. 25), or
 - Complete one of the following activities:
 - Updates to the person-centered plan
 - Other contact with the participant or individual representative
 - Other contact with a collateral contact (e.g., caregiver, family member, HCBS provider, previous state social caseworker, etc.)

- Submit a referral for a program or service
 - Respond to an inquiry or request from the participant.”
 - Partial payment only applies when a participant starts with an agency (for example, the participant switches between CFCM agencies during a month or the participant became eligible for CFCM during a month). After the first month, a provider only receives a monthly payment if the billable activities were completed.
- Q.** Can you provide further insight on the billing structure? Specifically, what qualifies as a partial bill? (**March 2025**)
- A.** Per the CFCM Program Manual (Section XIII – Reimbursement, p. 33): “Partial billing would occur if the CFCM agency provided services for less than one (1) month (i.e., the participant switched between CFCM agencies during a month, or the member became eligible for CFCM during a month).”
- Billing guidelines:
 - Full month: If the agency receives a referral between the 1 – 15th day of the month
 - Partial month: If the agency receives a referral between the 16th and 30th day of the month
- Q.** Is our agency able to bill for the efforts made to try and contact a participant, such as completing a case review, uploading files, and working generally on the case, without contacting the participant? (**March 2025**)
- A.** CFCM agencies are to bill the monthly unit if a billable activity was completed, as outlined in the CFCM Program Manual.
- Per CFCM Program Manual, Section XIII, A - Conditions of Payment (p. 33) “To bill a monthly unit, case managers must either –
 - Conduct and document a monitoring contact with the participant as described above (p. 33) or
 - Complete one of the following activities:
 - Updates to the person-centered plan
 - Other contact with the participant or individual representative
 - Other contact with a collateral contact (e.g., caregiver, family member, HCBS provider, etc.)
 - Submit a referral for a program or service
 - Respond to an inquiry or request from the participant.”

Additional helpful resources

- Questions regarding **CFCM**: bhddh.cfc@bhddh.ri.gov
- Technical questions regarding **WellSky** (new user set up, staff leaving agency, password reset, popups, etc.): BHDDH.WellSkySupport@bhddh.ri.gov
- Process related questions specific to **WellSky** (how to send a note, how to assign a worker, etc.) should be send to: BHDDH.WellSkyUserQuestions@bhddh.ri.gov
- **CFCM Program Manual**: https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2024-07/RI%20EOHHS%20CFCM%20Program%20Manual_V1.0.pdf
- **Resources** - Fiscal Resources (rate tables, billing manual), Individualized Planning Tools (CFCM plan form template fillable PDF, PCP Signature page), CFCM resources (annual life

domains, plan rubrics, letter templates) and more: [Forms | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals](#)