



STATE OF RHODE ISLAND
Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

DIVISION OF DEVELOPMENTAL DISABILITIES

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

Note: This document is intended for those providing case management services to individuals with intellectual and developmental disabilities (I/DD), however some responses apply to elders and adults with disabilities (EAD) as well.

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). (EAD and I/DD)

- 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 for individuals with I/DD. 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 for individuals with I/DD.
- 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)? **(Updated Instructions - August 2025)**

- A.** Please send staffing updates (new staff starting or staff separating from the agency) to ohhs.ltssnwd@ohhs.ri.gov, CC BHDDH.CFCM@bhddh.ri.gov and BHDDH.WellSkySupport@bhddh.ri.gov, utilizing the CFCM Personnel Template.

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 and Forms (in Provider Tools and Resources Section).
- [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 for DD services? (January 2025– see below for updated interim instructions July 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 Instructions - August 2025) (I/DD only)

- A. Updated August 2025– Please use the interim process described below as they are more current. We will be updating the referral process again once providers are in WellSky.**
- Below is the current referral process to Provider agencies, conducted in the **Therap** Case Management system.
 - After discussing options for services with the participant, CFCM/IF will identify potential providers.
 - Referrals will be completed in the Therap Case Management system by an identified DD Staff.
 - CFCM/IFs will securely email necessary information, such as current ISP/PCP, demographic face page from WellSky, SIS Summary Report, etc., along with the completed **BHDDH Referral Form** to CFCM email at bhddh.cfc@bhddh.ri.gov and enter **Therap Referral for [Participant Name]** in subject line.
 - Please be sure to enter the subject line exactly as shown with the participant's full first and last name. This will help DD staff to be able to quickly find submitted referrals that need to be entered into Therap and

to search by name when they need to go back to the original email to respond.

- CFCM/IFs will use the **BHDDH Referral Form** to ensure clear and consistent communication. The complete referral form will be uploaded as an attachment in Therap to Providers, along with any additional necessary attachments.
- The Provider will provide a response regarding acceptance or denial (and denial reason) in Therap.
 - If only one potential provider accepts the referral, the DD staff person will accept the provider.
 - If more than one provider accepts the referral, the DD staff person will reply to the CFCM/IF email with the responses. The CFCM/IF will discuss the options with the participant and reply to the email with the participant's selected provider.
- Once the referral process is complete and participant is admitted with the Provider agency, the identified DD State staff will close any other outstanding referrals.
- The CFCM will be responsible for the provider enrollment in WellSky. DD Staff will complete the enrollment in WellSky for participants who have an IF.
- **Residential Referrals** - Reminder for CFCM/IFs: All residential referrals, including Shared Living, are handled by BHDDH.

NOTE: **Case Manager/IF is responsible for ensuring documentation of all interactions and efforts are completed via a note in WellSky (CFCM) or other documentation system (IF), even when referral is in Therap or to a service outside of the DD system.

- Q.** I have a participant that is 21 and still in school. Are students able to access DD funding and services? (**January 2025 and Updated August 2025**)
- A.** Youth who are in Transition (called Youth in Transition or YIT) from the school system or children's services, can start services at any time following Eligibility and after turning 18 years old. They can access a portion of their funding until they are done with school. Participants will need to complete an application for Medicaid Long-Term Services and Supports (LTSS) in order to be determined eligible for adult HCBS services. This application must be completed before starting services, and DD staff are available to assist with this paperwork. Once HCBS eligibility is established, participants will be referred to CFCM to begin work on the person-centered plan and connection to adult HCBS services. Individuals under age 21 may still be accessing children's services (HBTS, PASS) while working with the CFCM agency to plan for adult HCBS. Once the adult HCBS services are established, any children's services (HBTS, PASS) will end, because the adult services will replace them.
- FY2025 Annual Funding Levels (Tier Package) – see p 3-4 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](#) (Provider Tools and Resources → Fiscal Resources and Forms).
- 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.
- 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, 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 LTSS eligible.
 - 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. A participant I support qualifies for Section 8 housing. Do you have more information? (August 2025)

A. As A CFCM, you can help with the person get on the Section 8 housing list with the RI Housing Authority. Also, you can help them get on the list with each housing authority for each municipality, town or city they are interested in living in or moving to. [Housing Choice Voucher Program | RIHousing](#)

Q. A participant has a question about a prescription copay. As the CFCM, what is my role? (August 2025)

A. As the CFCM you can support the participant in contacting their insurer. The contact information is on the back of the insurance or prescription card. You can encourage the participant to call for information.

Q. I have received emails regarding a QA investigation for participant that has been assigned to me. Now that I have received this information, what is my responsibility as a CFCM? (August 2025)

A. If you receive information or updates from administration or QA regarding an investigation, it is the responsibility of the CFCM to upload or document in the Notes tab (in WellSky) anything you have learned or received about the participant. At times, there are suggested interventions noted that you, as the CFCM, can work to implement or facilitate.

Q. I have a participant that is interested in exploring opportunities for employment. What do I need to do to request employment services using the Add-On budget? (August 2025)

A. After discussing past employment experiences with the participant and determining what Supported Employment Services the participant is currently interested in, please complete the **NEW** [Employment Add-On Request form](#). This form will be uploaded as a note in Plan Notes and Follow Up within the participant's plan (note left in **Pending** status).

Please note: Employment services may be requested at any time. If you have additional questions about employment, please contact Jay MacKay, the DD Associate Administrator for Employment. Additional information about the different employment services, please review the [Employment](#) page on our website or review the [DD Service Spotlight Cards](#) (in plain language).

Q. I have a participant that needs transportation services. How do I add transportation to their PCP and how does transportation get paid for? (August 2025)

A. First, discuss with the participant how they would like to get [transportation services](#). The participant can pay an agency transportation (select agency for provider in planned services), use funds to pay for trips on RIPTA, or the participant can opt to use self-direction for transportation (using a taxi, Uber, Lyft, or pay someone they know to drive them).

If the participant opts to use RIPTA, the funding for RIPTA transportation does come from the individual's funding. RIPTA services need to be listed on the planned services (service code = T2003) with the cost (see p. 4 of [Rate Sheet](#)), but don't include a provider. Instead, note RIPTA in the comments sections as they don't get pushed to authorizations. RIPTA bills DD directly each month instead of going through the MMIS. DD pays RIPTA the same rate paid to the licensed agencies.

Individuals or whoever might help them with transportation must call the Ride Program and book trips directly. They should tell RIPTA they're booking a BHDDH trip. They won't be charged a fare when they get on. CFCMs and the participants don't need to worry about paying RIPTA. DD handles that through a contract.

If RIPTA is already on the person's planned services, then case managers should make sure they have estimated the number of trips they need for the year. A trip is always a one-way trip. "Round-trips" to/from an agency, job or other equals 2 one-way trips. Whoever is writing the plan (CFCM, IF, or agency plan writer) should ensure people understand the trips they're budgeting for. CFCMs and IFs shouldn't be helping people book trips; that's part of day-to-day supports that staff or a support coordinator should help with.

Self-Direct (new section added August 2025)

- Q.** Should I reach out to the support broker for specific documentation? For example, rate and hours for DSP. (August 2025)
- A.** If you haven't spoken to the Support Broker, we recommend reaching out to let them know that you are the assigned CM. If the participant agrees, they should be invited to the meeting. This is a time where the participant can discuss the services and hours they are seeking from the Support Broker. There are 10 hours in the fixed budget however, there are times when a participant adds additional support brokerage hours to assist them with their self-direct program throughout the plan year.
- Q.** How do I know what to submit or include for planned services? Is that with FI or Support Broker? (August 2025)
- A.** The FI will provide you with a Budget worksheet, included on that worksheet is pay rate/hours, professional services, support brokerage, and goods and services. During the preplanning/meeting, you should speak with the participant regarding how many hours of support per week they are seeking and discuss pay rates. The range of pay in self-direction is \$20.00-\$35.00. It's important to remind participants that a higher rate of pay equals lower support hours and a lower rate of pay equals more support hours. Also, when starting employees at \$35.00 there is no room to provide a raise in the upcoming years. Another important factor to discuss is Holiday pay. Self-Direction is a fee for service model therefore, vacation and sick time are not allowable. A participant can choose to pay staff for Holidays however, this does affect the overall budget because the Holiday rate of pay is time and half.

You will assist the participant in completing the worksheet. With this information they will create a Purchase order. Once the FI creates the PO, you should have the information needed to enter planned services for the self-direct portion of his plan.

- Q.** When working with self-directed participants, are medical and behavioral plans provided by the participant, or is that something I need to obtain from the providers involved in their care? (August 2025)
- A.** It is the participants responsibility in self-direction to provide an updated medical and/or behavioral plan annually.
- Q.** During a preplanning meeting with the participant, they have asked if they can use their funding to travel over the next year. Are participants able to use their funding on travel expenses (such as airfare, hotel)? (August 2025)
- A.** Participants may not use their funding for travel. The [Goods and Services brochure](#) provides clarification on what is and what is not allowable.
- Q.** I have a participant that is interested in exploring employment. The participant self-directs their services and wants one of their DSPs to provide employment supports. Will their DSP be paid through the Add-On budget? (August 2025)
- A.** If a participant self-directs and hires their own DSPs to support them with their employment goals, they would use money from their flexible budget to pay their staff. Participants may access the Add-On budget when they choose to work on employment and go through one of the BHDDH licensed Supported Employment Providers who have trained /certified employment staff to provide support.
- Q.** I have a participant that wants to self-direct their services. Can the participant hire family as support staff? (August 2025)
- A.** Yes, through self-direction the participant is the employer of record. As the employer, the participant can hire staff, including family. Parents are only able to work a combined 40 hours per week, if hired as support staff for their child. DSP forms can be found here: [Self-Directed Supports | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals](#)
- Q.** When submitting a plan for a participant that wants to self-direct, what self-direct forms needs to be uploaded in Plan Notes and Follow Up? (August 2025)
- A.** For participants that want to self-direct, the following [forms](#) needs to be attached to the plan (uploaded in Plan Notes and Follow Up):
- Parent /guardian as DSP
 - Employer Acknowledgement Form (initial or yearly)
 - Goods and Services Request (if requesting)
 - Itemized worksheet from FI w/itemized backup for Goods and Services
 - Electronic Visit Verification (if applicable)

- 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)** (EAD and I/DD)
- 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.

File	
WEB FORMS	PARTICIPANTS
Web Forms Alert Notes List Unread Alert Notes 0	State Agencies/Programs Closed 1 In Progress 1 Ticklers Ticklers 36 CMA/Service Provider Clinically Eligible 2 Closed 3 Open 3

Q. We received a new referral to our agency. How do we reassign the participant to a different CFCM within our agency? (process for EAD and I/DD participants) **(January 2025)**

A. To re-assign, follow the steps below in Wellsky (**see below for updated directions**):

- 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 then 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)

Q. I was just assigned a new participant. I would like to look at their previous ISP but it was completed in Therap. Who can I reach out to? (**August 2025**)

A. Please reach out to the provider. If you still need assistance, reach out to the participant's previous state social case worker to pull the previous ISP from Therap. You can find the social case workers name by looking on the State Agency/Program tab and then clicking on the left side menu tab = Program Worker. On the Program Worker page, you will find past state workers and the dates they were assigned to the participant. All plans will be migrated from Therap to WellSky in October.

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

Q. Should I be adding Conflict Free Case Management to Planned Services? (**August 2025**)

A. Yes, you should be adding Conflict Free Case Management as a service in Planned Services.

The Program is Conflict Free Case Management, and the Code is G9012. You will enter a total of 12 units per year and enter **\$0.00** in unit cost so that it isn't deducted from the participant's budget. You can leave the provider blank

Provider	Auth ID	Service Code	Service Description	Total Units	Unit Cost	Max Amount	Start Date	End Date	MMIS Program	Service Justified By	Service Change Type	Reason for Service Change	Pind Svc / Auth / Auth Svc Synced?	
		G9012	Conflict-Free Case Management	12.0000	\$0.00	\$0.00	05/01/2025	04/30/2026	Conflict-Free Case Management		New		n/a	☐

Q. I was assigned a participant that needs an interpreter. Who is responsible for obtaining an interpreter? (**August 2025**)

A. It is the responsibility of the CFCM to facilitate access to an interpreter to conduct all required CFCM activities, including any meetings/contact with the participant. The CFCM should follow their agency's process for securing an interpreter and providing a copy of materials to participants in an accessible way and in the participant's preferable language.

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.

Update August 2025 - Please begin including the new "Starting CFCM" flyer with all introduction letters effective June 25, 2025. The flyer is available in English and Spanish: [Starting CFCM Flyer](#)

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.cfc@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. (applicable to EAD and I/DD participants)
 - 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.cfc@bhddh.ri.gov) so that we can advise as to next steps. (I/DD only)

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)** (I/DD only)

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.cfc@bhddh.ri.gov

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

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.

- **Update August 2025:** The Annual Qualitative Review of Life Domains is now a form in WellSky. You can find the form by clicking on the Assessments/Forms tab.
 1. File, Add Assessment/Form
 2. Select BHDDH- Annual Qualitative Review of Life Domains
 3. Review Type = Initial (if entering for first time) or As Needed
 4. Agency/Program = BHDDH/IDD/HCBS
 5. Complete the form

6. Change Status to Complete
7. File, Save and close Assessment and Form

Q. How do 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.

Update August 2025 –

- **Preplanning is now a note subtype in Production.**
 - 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.

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.

Q. How often do CFCMs need to have face-to-face meetings with a participant? **(August 2025)**

A. CFCMs are required to meet with participants face-to-face at least once every 6 months.

However, more frequent in-person contacts must be completed if needed to ensure the participant's health and/or safety. Additional information about face-to-face contacts is outlined in the CFCM Program Manual (Section IX. Person-Centered Plan Monitoring).

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 for I/DD participants**: bhddh.cfm@bhddh.ri.gov
 - General CFCM Operations: ohhs.ltssnwd@ohhs.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 – August 2025 – Updated links and additional resources added**
 - Fiscal Resources (rate tables, billing manual), Policies, Technical Bulletins, and more: [Provider Tools and Resources | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals](#)
 - CFCM Forms and rubrics, Letters, Training materials and more: [Conflict-Free Case Managers | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals](#)
 - DD Guidebook: [DD Guidebook](#)
 - DD CFCM Guidebook: [CFCM Guidebook](#)
 - DD Service Spotlight Cards: [DD Service Spotlight Cards](#)