

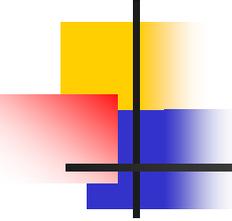
Implementation of WISE CSP

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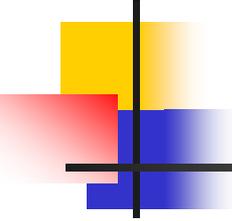
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WISE began in April of 2009

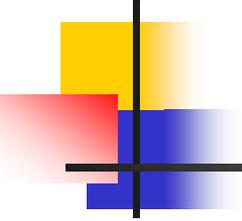
- CSP is one of the most utilized services
- Medicaid billable, easy to set rules
- Necessary to maintain rules as services were billable
- Gradual client build up



Providers

- Many providers applied to be credentialed knowing little about what WISE entailed
- CSP sounded similar to Case Management and other agency current practices
- We found many differences, challenges and opportunities for growth

Case Management vs CSP

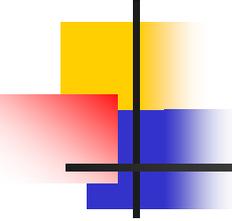


■ Case Management

- Focus on Monitoring
- Doing for client
- Problem solving
- Linkage

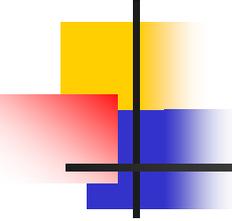
■ CSP

- Rehabilitation focus
 - Teaching skills
- Levels of assistance-
Maximum to Independent
- Intervention, Client
Response, Next steps



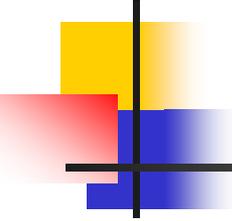
Challenges

- Documentation
 - Description of each interaction instead of narrative
 - Refocus the note
- Accountability of staff
 - Intervention provided, next steps
- Accountability of client
 - Response to intervention, next steps



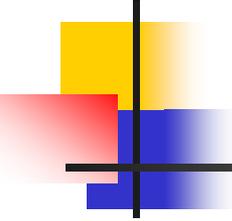
Opportunities for Growth

- Documentation and interventions resulted in a reciprocal process
- Does the staff understand the psych rehab process?
- Does the client understand the psych rehab process?
- Supervision is essential to assist staff in learning a new style of doing their work



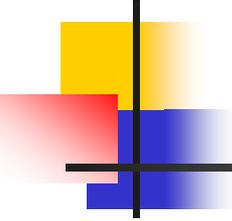
How we learned

- Credentialing process
- Webinars
- Site visits
- Desk Audits
- Agency specific meetings
- Provider Meeting
- Consulting



Collaboration Process

- WISE had a steady but slow growth process
- One client at a time, one agency at a time
- Learned by example, consultation and sharing the process (DMHAS, ABH and provider)
- We were equal partners in the learning



Moving Forward

- Some agencies with WISE clients will have an advantage to meeting the fidelity of the CSP process
- In this transition there are more clients, bigger system=larger change
- Implementation will be more structured and timely yet still provide the teaching and skill building approach via the same venues: site visits, audits, provider meeting and agency specific training