

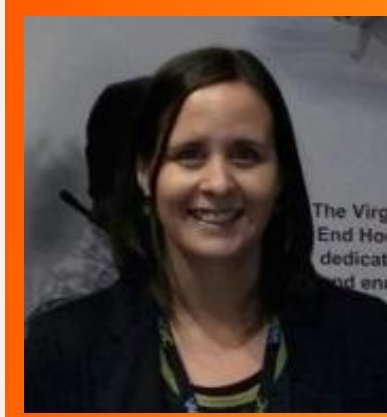


**Welcome to
the
Washington,
DC
Medicaid
Academy**

Meet Our Training Team



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Your Agency's Team Includes:



Executive
Lead



Program
Lead



Fiscal Lead



Quality
Lead



How is
everyone
doing
today?

Purpose of Medicaid Academy Learning Sessions

DHCF and DHS provides the WHAT/
Policy requirements

The TA Team helps with HOW so you
can develop a plan for your agency

Each session will include:

Helpful tips and tools provided by
the TA team

Opportunities for sharing
experiences across agencies

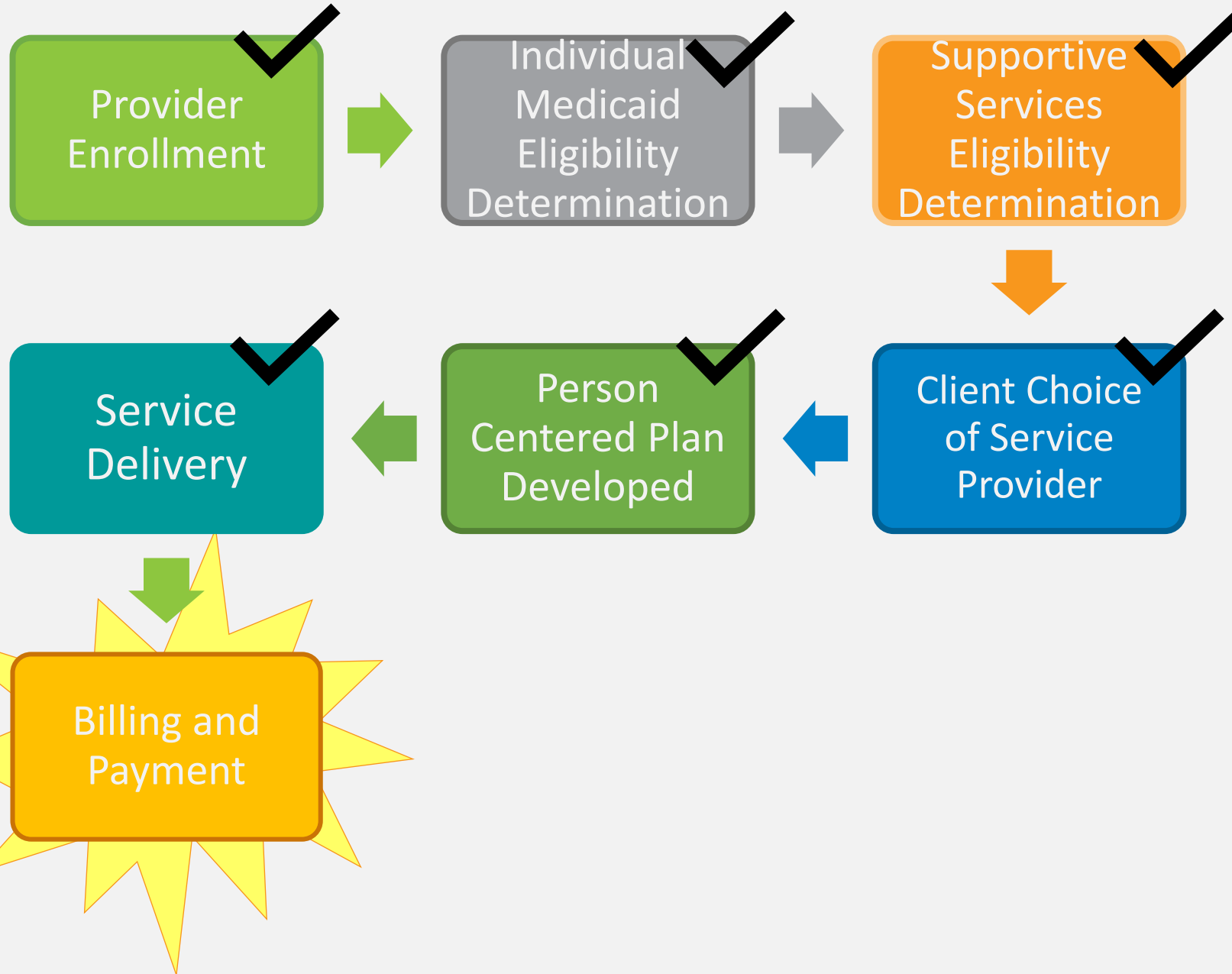
Coaching for your agency

[DHS on PSH](#)

[The approved State Plan Amendment](#)

Plan for Today: Session 5

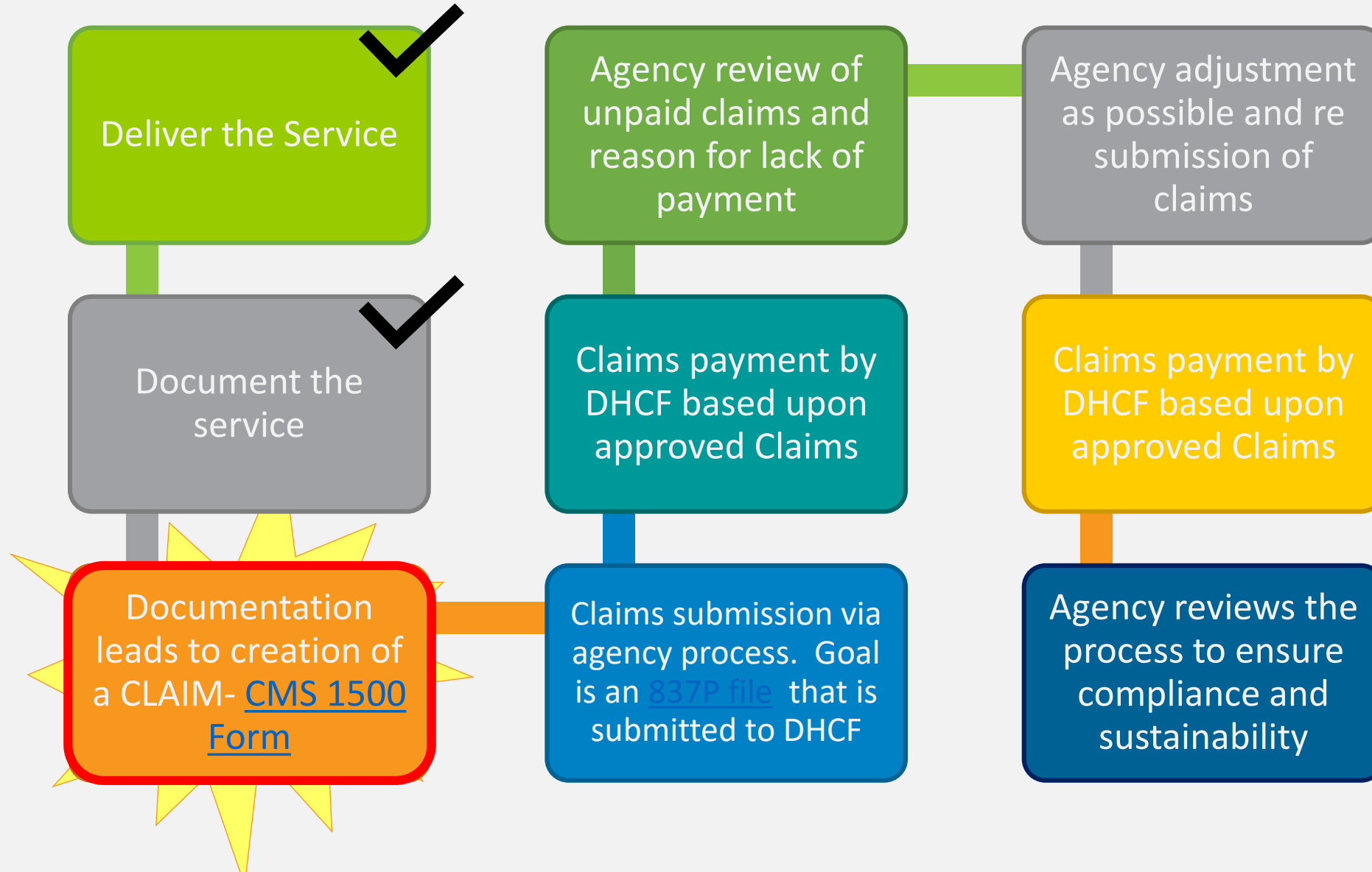
- ✓ Review key elements of Medicaid Compliant Documentation and look at documentation examples
- ✓ Learn about how DHCF will communicate with you regarding submitted claims
- ✓ Review the process for billing and payment
- ✓ Identify themes and areas needing improvement and create next steps for your work plan to maximize billing revenue



Medicaid Housing Supportive Services Process

Billing and Claims Submission

Billing & Payment Process



CMS 1500 Form

Your documentation is the foundation for your billing claim using the [CMS 1500 form](#).

The **CMS-1500 form** is the standard claim form used by a non-institutional provider or supplier to bill Medicare carriers and durable medical equipment regional carriers (DMERCs) when a provider qualifies for a waiver from the Administrative Simplification Compliance Act (ASCA) requirement for electronic submission of claims. DHCF uses this form as record of billing for Medicaid services in the District.

CMS 1500 Form

- Demographics- Name, DOB, **1a** is the participant's Medicaid #, Address, etc.
- Date of current illness- date that you were authorized to provide the service
- Agency's Medicaid provider #
- Agency's NPI #
- Diagnosis Code- Z59
- *Resubmission Code- if you are re submitting a rejected claim, you reference that prior claim and what you have changed*
- Prior Authorization Number- You get this from DHS, annually. You need a new one when someone shifts from Housing Navigation to Housing Stabilization Services and reach out to DHS for this.

CMS 1500 Form

- Dates of Service
 - For Housing Navigation, at least four lines should be populated to meet to reimbursement threshold of a service delivered at a minimum frequency of once per week within the month being billed.
 - For Housing Stabilization, at least two lines should be populated to meet to reimbursement threshold of a service delivered at a minimum frequency of twice a month, within the month being billed.
- Place of Service- “99 other” because you will have seen them in multiple places over the month

CMS 1500 Form

- Procedure codes with modifiers

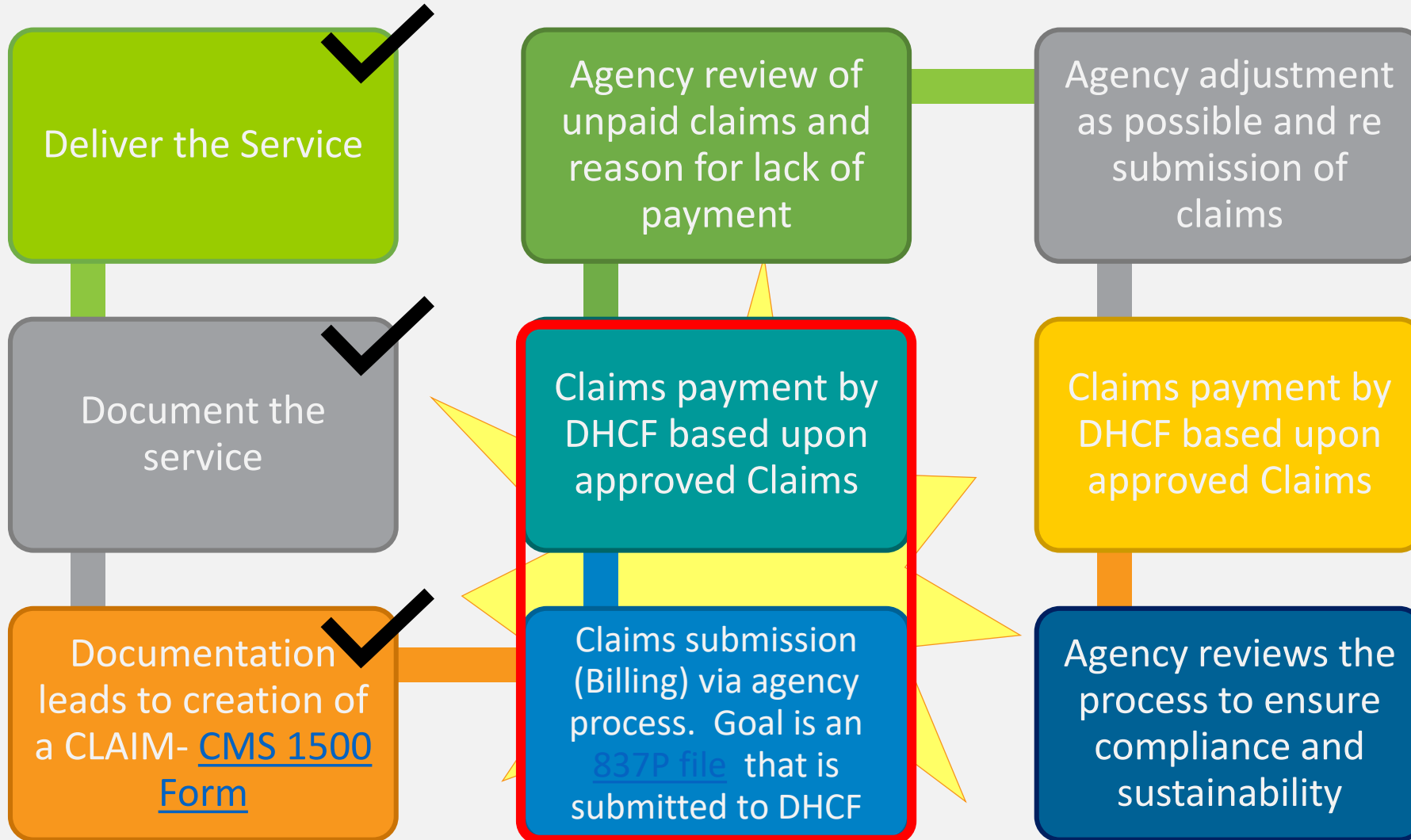
| | | | |
|-----------------------|----------|----------|---|
| Housing Navigation | \$755.21 | H0044 U1 | Monthly Reimbursement (PMPM) for delivering a minimum of weekly contact and at least 2 face to face a month. |
| Housing Stabilization | \$755.21 | H0044 U2 | Monthly Reimbursement (PMPM) for delivering at least 1 face to face engagement and 1 remote engagement with the beneficiary monthly |

- Charges- \$755.21
- Days or Units- 1 (for 1 month)

CMS 1500 Form

- Rendering Provider Id- this is your agency's Medicaid #. It MUST be linked to the NPI provided in 17a or the claim will be rejected.
- Federal tax ID
- Total charge- so if you billing for one person for one full month this is \$755.
- Wet signature required on paper claims; Electronic signatures allowed able for electronic systems.
- Provider Billing Info:
 - Address (must match what is on file for this Medicaid ID# and this NPI#)
 - Taxonomy code 251B00000X for case management

Billing & Payment Process



**Remember, your agency
needs to decide how they
will submit claims and inform
DHCF about that choice.**

Paper Claims Billing

Paper Claims Billing

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 0313

| HEALTH INSURANCE CLAIM FORM | | | | | | | | | | CARRIER | |
|--|--|--|--|--|--|--|--|--|--|---|--|
| APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 0313 | | | | | | | | | | HEALTH INSURANCE CLAIM FORM | |
| 1. MEDICARE <input type="checkbox"/> 2. MEDICAID <input type="checkbox"/> 3. TRICARE <input type="checkbox"/> 4. CHAMPVA <input type="checkbox"/> 5. GROUP HEALTH PLAN <input type="checkbox"/> 6. FECA (LONG TERM CARE) <input type="checkbox"/> 7. OTHER <input type="checkbox"/> | | | | | | | | | | 8. INSURED'S POLICY NUMBER (For Program in Item 1) | |
| 9. PATIENT'S NAME (Last Name, First Name, Middle Initial) | | | | | | | | | | 10. INSURED'S NAME (Last Name, First Name, Middle Initial) | |
| 11. PATIENT'S ADDRESS (No. Street) | | | | | | | | | | 12. INSURED'S ADDRESS (No. Street) | |
| 13. CITY | | | | | | | | | | 14. STATE | |
| 15. ZIP CODE | | | | | | | | | | 16. TELEPHONE (Include Area Code) | |
| 17. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | | | | | | | | | 18. IS PATIENT'S CONDITION RELATED TO: | |
| 19. OTHER INSURED'S POLICY OR GROUP NUMBER | | | | | | | | | | 20. EMPLOYMENT? (Current or Previous) | |
| 21. RESERVED FOR NUCC USE | | | | | | | | | | 22. INSURED'S DATE OF BIRTH | |
| 23. RESERVED FOR NUCC USE | | | | | | | | | | 24. OTHER CLAIM BY? (Designated by NUCC) | |
| 25. INSURANCE PLAN NAME OR PROGRAM NAME | | | | | | | | | | 26. IS THERE ANOTHER HEALTH BENEFIT PLAN? | |
| 27. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Signature) | | | | | | | | | | 28. SIGNATURE OF MEDICAL PROVIDER (Signature) | |
| 29. DATE OF SIGNATURE | | | | | | | | | | 30. DATE OF SERVICE | |
| 31. NAME OF REFERRING PROVIDER OR OTHER SOURCE | | | | | | | | | | 32. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES | |
| 33. ACCIDENTAL CLAIM INFORMATION (Designated by NUCC) | | | | | | | | | | 34. OUTPATIENT LATE? | |
| 35. DESCRIPTION OF NATURE OF ILLNESS OR INJURY (Refer to ICD-9-CM code) | | | | | | | | | | 36. ORIGINAL REF. NO. | |
| 37. PROCEDURE, SERVICE, OR SUPPLY (Specify Usual Customary Option/Choice) | | | | | | | | | | 38. FINGER AUTHORIZATION NUMBER | |
| 39. DATED BY SIGNER | | | | | | | | | | 40. CHANGES | |
| 41. PLACE OF SERVICE | | | | | | | | | | 42. REMOVED FROM FILE? | |
| 43. FEDERAL TAX ID NUMBER | | | | | | | | | | 44. PATIENT'S ACCOUNT NO. | |
| 45. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 46. SIGNATURE OF PATIENT | |
| 47. SERVICE FACILITY LOCATION INFORMATION | | | | | | | | | | 48. BILLING PROVIDER INFO & FAX | |
| 49. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 50. SIGNATURE OF PATIENT | |
| 51. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 52. SIGNATURE OF PATIENT | |
| 53. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 54. SIGNATURE OF PATIENT | |
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| 85. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 86. SIGNATURE OF PATIENT | |
| 87. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 88. SIGNATURE OF PATIENT | |
| 89. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 90. SIGNATURE OF PATIENT | |
| 91. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 92. SIGNATURE OF PATIENT | |
| 93. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 94. SIGNATURE OF PATIENT | |
| 95. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 96. SIGNATURE OF PATIENT | |
| 97. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 98. SIGNATURE OF PATIENT | |
| 99. SIGNATURE OF PHYSICIAN OR SUPPLIER | | | | | | | | | | 100. SIGNATURE OF PATIENT | |

NUCC Instruction Manual available at: www.nucc.org

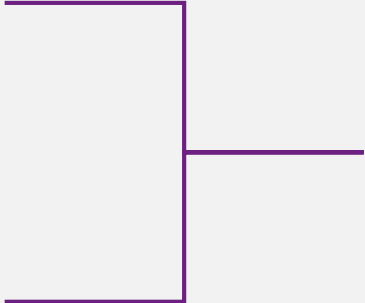
PLEASE PRINT OR TYPE

APPROVED OMB-0838-1187 FORM 1500 (02-12)

- Hard copy claims received are reviewed for completeness
 - Must be submitted on an original “RED” claim form
 - Must have an original provider signature
 - Must contain the provider’s NPI
 - Must contain the beneficiary’s Medicaid identification number
 - Must include dates of service
 - Must include the billed amount
- If any of the above information is missing, the claim will be returned

Electronic Claims Billing

Electronic Claims Billing Options

- Electronic Health/Medical Record (EHR/EMR)
 - Electronic Billing Systems-
 - [The WINASAP system](#) and its [WINASAP User Manual](#)
 - Third Party Biller, meaning your agency pays another agency to do this work and they have the systems to do this for a fee.
- 
- These options
are called EDI for
Electronic Data
Interchange**

Your agency needs a DC Medicaid Web Portal Account

- To sign on you need:
 - Provider/ Agency name that EXACTLY matches your NPI and Medicaid ID #
 - You are enrolling as a “GROUP/ Facility/ Institution”.
 - Provider ID, NPI, Taxonomy Code
 - You need to know how you will be submitting ELECTRONIC CLAIMS and information about your systems
 - E.H.R. or an Electronic Billing System
 - EDI Submitted ID and EDI password
 - If your system is not already in use by DHCF this will be harder to manage
 - WINASAP- DHCF works with WINASAP so you just need to choose WINASAP as an option.

Your agency needs a DC Medicaid Web Portal Account

- Need your agency Medicaid ID # from the [DC Provider Data Management System \(PDMS\)](#)
- This system allows you to
 - Verify participant eligibility and enrollment
 - Submit Claims
 - Check Claims Status
 - Submit revised Claims
 - Retrieve DHCF communications regarding previously submitted claims

Electronic Claims Billing

- To submit your claims electronically, you must complete an **Electronic Data Interchange (EDI) Enrollment Application & Trading Partner Agreement** before you will be able to transmit
 - Download application from www.dc-medicaid.com >Provider Information & Forms
 - Select Conduent EDI Provider Enrollment Form if using vendor software (#25)
 - Provider Conduent EDI Gateway Authorization Form for Billing Agents and Clearinghouses (#26)



In most cases, WINASAP5010 installation and trading partner setup are “one-time-only” events that take place when you initially install the software on your PC. The only time you would have to reinstall WINASAP5010 is if your PC’s hard drive is damaged or if the WINASAP5010 software becomes corrupted.

This was part of the
provider enrollment
process

Electronic Claims Billing



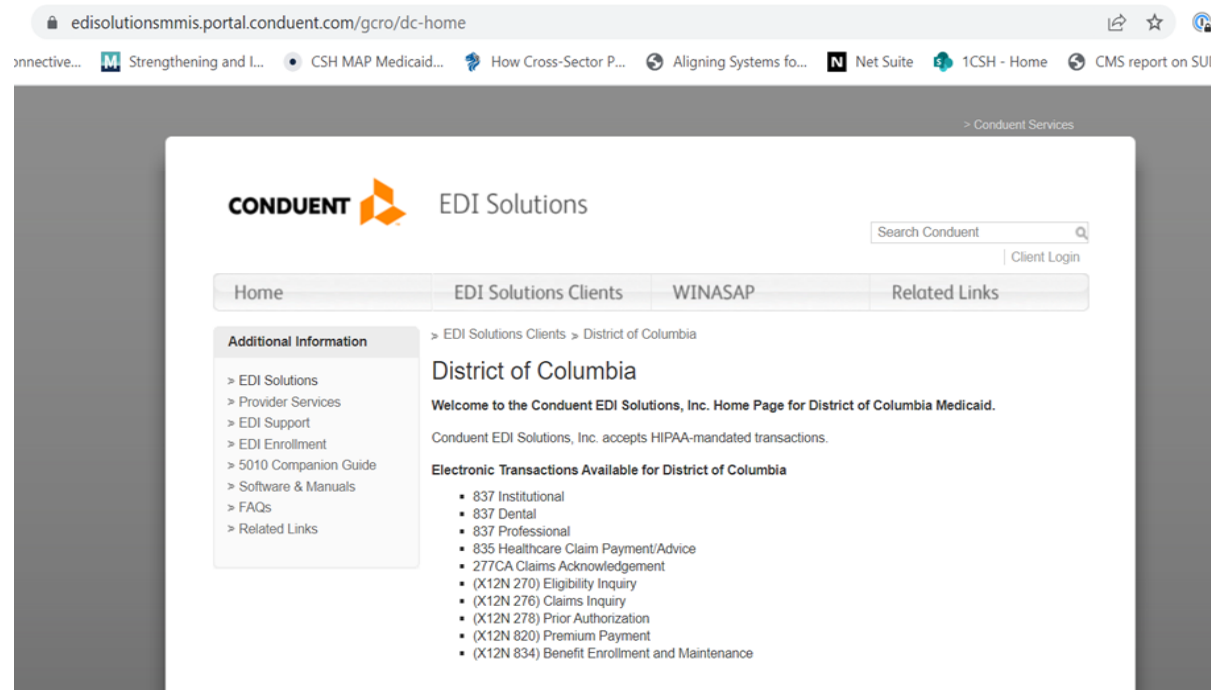
- You only need to complete this if your agency is using an Electronic Data Interchange (EDI) to submit claims.
- The Trading Partner Agreement must be completed and submitted online
- Select **Provider Hotlinks > TPA BAA Authorization Application** located on the left navigational pane
- http://conduent.formstack.com/forms/conduent_edi_solutions_inc_tpa_and_baa_form_district_of_columbia_medicare
- The agreement sets the terms to govern all Electronic Data Interchange (EDI)



Electronic Claims Billing - WINASAP

What is WINASAP?

WINASAP is a software platform developed by **Conduent EDI Solutions** an industry leading provider of healthcare Electronic Data Interchange (EDI) services for government and commercial healthcare stakeholders. They specialize in trading partner management, payer front-end translation and EDI services that support claim and eligibility transaction processing.



What is Conduent's Role?

- Current contracted fiscal agent
- Process fee-for-service Medicaid Claims
- Provider relations team provides ongoing provider education and assistance; including onsite and remote training and assisting with claims processing issues
- Maintain communication with provider community through PDMS web portal and bi-monthly Provider Bulletin

CONDUENT



Electronic Claims Billing - WINASAP

Welcome Package



After completing your **Electronic Data Interchange (EDI) Enrollment Application & Trading Partner Agreement**, you will receive a WINASAP welcome package from Conduent.

Your WINASAP5010 welcome package should include the following items:

- Welcome letter
- Log-on Form
- Quick Reference Guide for WINASAP5010
- WINASAP5010

Quick Tips Note: If you are missing any one of these items, please contact the Conduent EDI Solutions, Inc. Gateway Support Unit.

Electronic Claims Billing - WINASAP

Software Installation

To use WINASAP5010, your personal computer must meet the following minimum configuration:

- Windows 98 Second Edition, Windows NT, Windows 2000 Service Pack 3, Windows XP operating system, Windows Vista, Windows 7 or Windows 8 operating system.
- Pentium processor
- 25 megabytes of free disk space
- 128 megabytes of RAM
- Monitor resolution of 800 x 600 pixels
- Hayes compatible 9600 baud asynchronous modem
- Telephone connectivity

Quick Tips Note: If you have any questions or problems with software installation, please contact the Conduent EDI Solutions, Inc. Gateway Support Unit.





Electronic Claims Billing - WINASAP

Claims Entry - Billing

WINASAP5010 has a number of features designed to help you enter claims quickly and easily. Claim windows feature drop-down list boxes to help you select frequently used data such as recipient and provider names, procedure and diagnosis codes. When you select a recipient or provider name, the system automatically pre-loads the remaining required recipient and provider data from WINASAP5010's Reference database.

Data Entry and Clean Claims



Electronic Claims Billing - WINASAP

Claims Entry - Billing

The system also allows you to quickly enter claims through a copy function. This function allows you to create a new claim from a claim already entered into WINASAP5010's claim database. You can then modify the new claim as necessary.

Data Entry and Clean Claims



Electronic Claims Billing - WINASAP

Claims Entry - Billing



You can also enter a partially completed claim into WINASAP5010's claims database by placing the claim in a "Hold" status. This special claim status prevents the claim from being selected in the Send processes. The system also allows you to delete claims from the claims database, regardless of the claim status.



Data Entry – What to do before billing

You will need to enter all client information into WINASAP to submit claims on client service. You can do this before your billing cycle, so that when you create a claim, all client data will prepopulate.

Patient Demographics:

- Name
- DOB
- Participants Medicaid #
- Address

*indicates required field.

Electronic Claims Billing - WINASAP

Claims Entry - Billing

Data from a Professional claim form is entered into **WINASAP5010** through 4 tabs in the software platform. The following is a brief high level overview of the claims entry billing process.

| STEPS | ACTIONS |
|-------|---|
| 1. | From the WINASAP5010 Main Menu , select the Claims option. |
| 2. | On the Claims Submenu , select the Professional option. This will open the Professional Claim List window |
| 3. | Click on the Add button. This will open the Professional Claim Data window. At the top left-hand portion of the window you will see four tabs: <ul style="list-style-type: none">• Claim Data• Claim Codes• Claim Information• Claim Line Items |
| 4.* | In the Bill Date field, enter the date the claim is billed to the payer. If you press F5, the system will pre-fill the date field with the current system date, or click the calendar button to select the applicable bill date. |

*indicates required field.

Electronic Claims Billing - WINASAP

Claims Entry - Billing

Data from a Professional claim form is entered into WINASAP5010 through 4 tabs in the software platform. The following is a brief high level overview of the claims entry billing process.

| STEPS | ACTIONS |
|-------|--|
| 5. | In the User Batch # field, you may enter your own batch number up to four digits in length. |
| 6. | In the User Claim Number field, you may enter your own claim number up to nine digits in length. |
| 7. | In the Claim or Encounter Identifier drop down, you could choose Chargeable, Reporting or Subrogation Demand claims. |

*indicates required field.

Electronic Claims Billing - WINASAP

Claims Entry - Billing

Data from a Professional claim form is entered into WINASAP5010 through 4 tabs in the software platform. The following is a brief high level overview of the claims entry billing process.

| STEPS | ACTIONS |
|-------|---|
| 8. | In the Patient Information section select the appropriate patient from the drop down list box. To select the patient double-click on the patient name. Once you have selected the appropriate patient this will pre-fill the name, DOB, gender, and patient account number fields. These fields cannot be edited on the claim form. This information can only be changed in the Patient reference window. |

*indicates required field.



Electronic Claims Billing - WINASAP

Claims Entry - Billing

Data from a Professional claim form is entered into WINASAP5010 through 4 tabs in the software platform. The following is a brief high level overview of the claims entry billing process.

| STEPS | ACTIONS |
|-------|--|
| 9. | <p>In the Provider Information section complete the following fields:</p> <ul style="list-style-type: none">• Billing Provider ID*• Pay-to Address Name• Rendering Provider ID• Signature on File |

*indicates required field.

Electronic Claims Billing - WINASAP

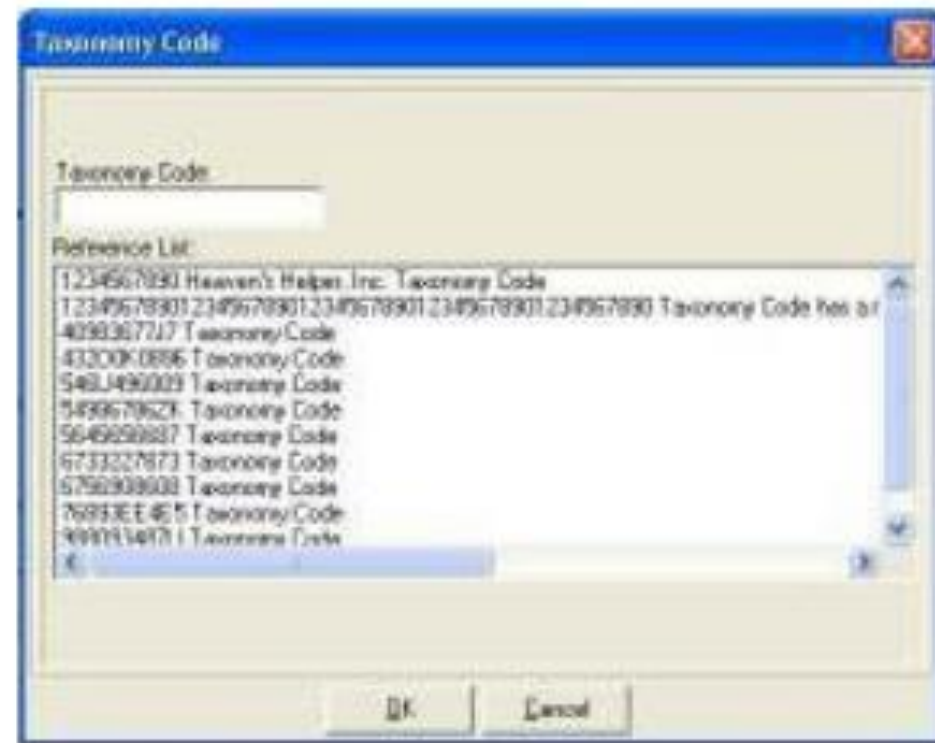
Claims Entry - Billing

Data from a Professional claim form is entered into WINASAP5010 through 4 tabs in the software platform. The following is a brief high level overview of the claims entry billing process.

| STEPS | ACTIONS |
|-------|--|
| 10a. | Under the Billing Provider and Rendering Provider, there is a Taxonomy Code button |

Taxonomy Code: *251B00000X Case Management*

*indicates required field.



Electronic Claims Billing - WINASAP

Claims Entry - Billing

Data from a Professional claim form is entered into WINASAP5010 through 4 tabs in the software platform. The following is a brief high level overview of the claims entry billing process.

| STEPS | ACTIONS |
|-------|--|
| 10b. | Under the Billing Provider and Pay To Plan, there is a Tax ID button.* |



The screenshot shows a Windows-style dialog box titled "Billing Provider Tax ID Number". Inside the dialog, there is a label "Identification Type:" followed by a dropdown menu currently showing "Employer's Identification Number". Below this is a label "Identification Number:" followed by an empty text input field. At the bottom of the dialog, there are two buttons: "OK" and "Cancel".

*indicates required field.

Electronic Claims Billing - WINASAP

Claims Entry - Billing

Data from a Professional claim form is entered into WINASAP5010 through 4 tabs in the software platform. The following is a brief high level overview of the claims entry billing process.

| STEPS | ACTIONS |
|-------|--|
| 11. | <p>In the Claim Data section, complete the following fields:</p> <ul style="list-style-type: none">• Diagnosis Type Code* – Z59• Principal Diagnosis* – Z59• Anesthesia Related Procedure Code 1• Anesthesia Related Procedure Code 2 – This will be enabled when Anesthesia Related Procedure Code 1 field has a value.• Place of Service* – 99• Claim Frequency Type Code* – |

*indicates required field.

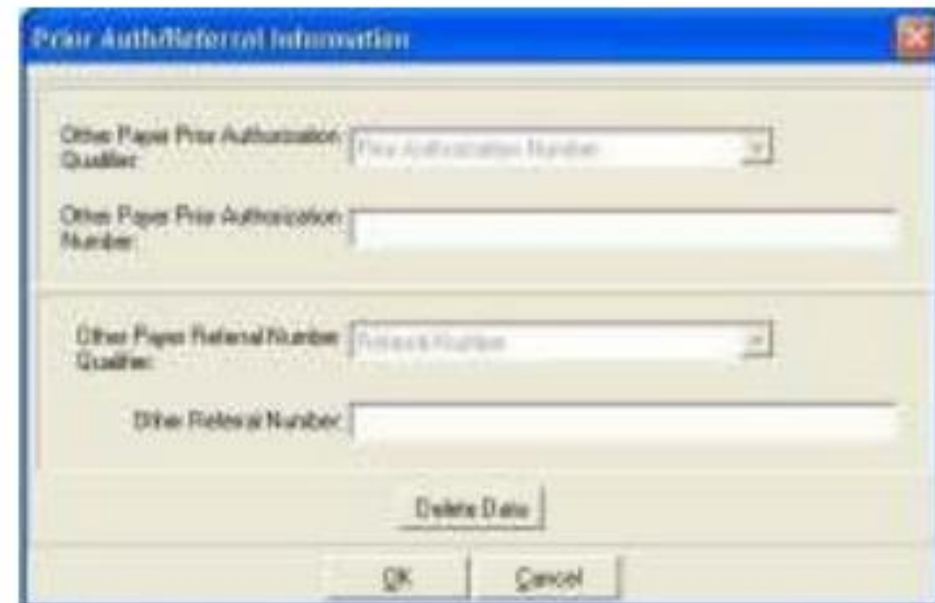
Electronic Claims Billing - WINASAP

Claims Entry – Prior Authorization

This is a situational window. The fields listed below are required only if the situation applies to the claim. Required for Housing Navigation Services, for up to 6 months and Required for Housing Supportive Services, for up to 12 months from the date of the HSS beneficiary's completed HSS conflict-free assessment. DHS will create each PA number for each HSS beneficiary. In the Prior Auth/Referral Information section, complete the following fields:

| STEPS | ACTIONS |
|-------|--|
| N/A | <ul style="list-style-type: none">• Other Payer Prior Authorization Qualifier – Auto populated• Other Payer Prior Authorization Number• Other Payer Referral Number Qualifier – Auto populated• Other Payer Referral Number |

*indicates required field.







Electronic Claims Billing – EHR/EMR

What is EHR/EMR Software?



EHR / EMR software is a **computer system that helps healthcare providers manage patient medical records and automate clinical and project workflows, such as billing.** EHR systems allow providers to create customizable templates for taking notes during patient encounters.

DC Digital Health TA Program

How can my agency afford EHR/EMR Software?

[HCBS Technical Assistance](#)

More Information upcoming
from DHCF



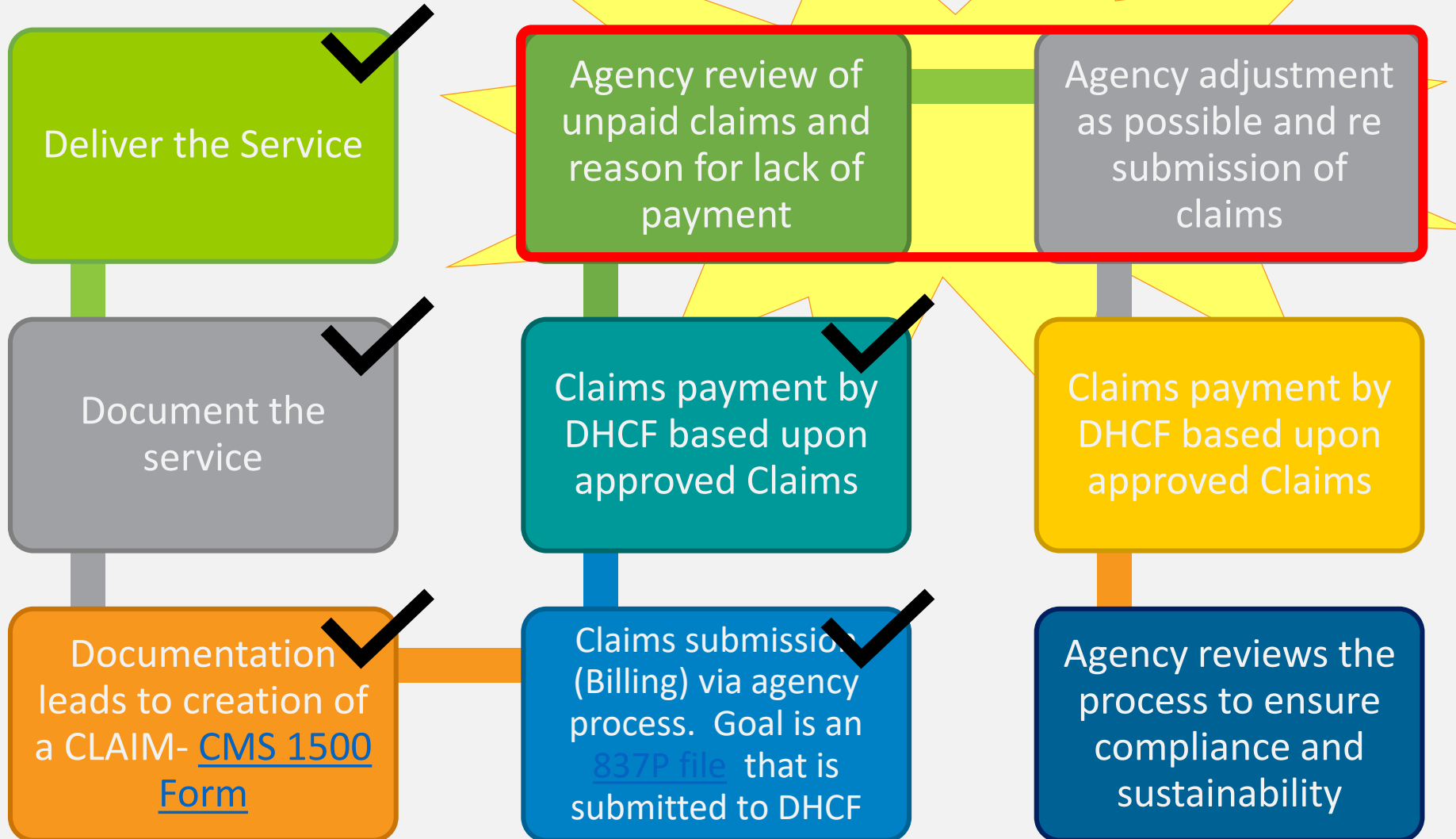
Things to think through:

- Talk through your internal process from service to documentation to billing
- Discuss with your team what you want the end result to be in a EHR
- Think big and scale back as needed
- Schedule meetings with agencies who already use a EHR to discuss the pros and cons and cost
- What does the software do without any individualized tailoring (i.e.: what was it meant for)
- What about ongoing support?
- Get three estimates and schedule test runs
- Get references
- Compare what you get for the cost

Electronic Remittance Advice (ERA) Form

- [DC Medicaid ERA Form](#)
- To complete you need:
 - Federal EIN
 - NPI
 - Medicaid Provider Identifier, which you receive after enrollment is completed
- Identify your Method of Retrieval (payment)- if not using an intermediary billing agent
- EDIONLINE
 - GRABIT
 - WINASAP
 - DC Web Portal
- How are you submitting Claims?
 - Via WIN ASAP, then you need your agency Conduent EDI Solutions 5-digit Submitter ID or 6 - digit Trading Partner ID.
 - Via a software vendor, billing agent, or clearinghouse, then you need your 5-digit Submitter ID or 6-digit Trading Partner ID.

Billing & Payment Process



Breakout Room Questions

Add to your
Agency's Work Plan
based on what you have
learned so far

- Who leads your billing efforts?
- Whose revising P&P to reflect how you will bill?
- How will staff feedback be integrated into this complex process
- What reporting is developed to support QI efforts?

15 minutes
for teams
to consider

DC Medicaid Academy Schedule



Up Next

Q&A on today's session
Thursday, August 25th 12 PM about
what we learned today.

Session 6: Quality Standards
Tuesday, August 30, 2022
3 PM -5PM EST

Planning ahead for Session 6

Who needs to attend:

Executive Director, Program Lead and QI

What do you need to gather and have access to during Session 6:

- ☐ Have your team workplan out and ready
- ☐ Have access to current policy manual and Quality Improvement Section
- ☐ Progress case notes from 2-Clients
- ☐ Client File



THANK YOU

Please join us again for one of our many course offerings.
Visit www.csh.or/training