

Operations

- 1. Is there an established caseload size? Are caseloads the same for adolescents and adults? Are there identified targets in terms of numbers served?**

The average caseload for adolescents and adults is 12-15 members per CAPS. Providers should be prepared to serve a minimum of 50 members and maximum of 100 members.

- 2. Is there an anticipated length of service?**

The targeted length of service is six months to one year; however, some cases may require a longer length of service.

- 3. What is considered an “appropriate license” through OMHSAS?**

CAPS is a supplemental service. Awarded providers would submit the Supplemental Service Description and, if approved, would be approved for Provider Type 11, Specialty Code 076.

- 4. Once awarded, are providers obligated to commit before entering the negotiation phase?**

No, providers are not obligated to commit to negotiations with CBH.

- 5. Are there specific data elements that will be required to be reported? If so, at what interval?**

At this time CBH has not established specific elements; however, CBH will work with awarded providers to collect data where applicable through the CBH Claims, Program Evaluation, and Information Technology departments to ensure the quality and completeness of data.

- 6. Are the CAPS required to drive and/or have valid driver’s licenses and vehicles?**

There is no requirement to drive or have a driver’s license.

Staffing

- 1. Is there an expectation for the size of the CAPS team?**

The CAPS team should initially have one to two part-time staff as providers start to enroll members into the service. Part-time staff allows for more flexibility.

- 2. Are there established supervisor ratios? If face-to-face (FTF) supervision is required weekly, what is the duration?**

The CAPS supervisor should be able to supervise up to five FTE CAPS. Supervision should be a minimum of 30 minutes.

- 3. There are three staff positions within the program including CAPS, CAPS supervisor, and CAPS job coach. Are the awarded providers mandated to have each of those components? What are the minimum staffing expectations?**

A supervisor is required to oversee the CAPS staff and CBH anticipates one to two CAPS to start the program. Job coaching will be provided by someone with expertise in both autism and providing supervision/technical assistance to peers working in the community. This support will be more intensive than traditional supervision and will be utilized for the first three to six months of onboarding new CAPS. This includes troubleshooting significant issues that arise at any point during service delivery and addressing any needed accommodations a CAPS may require to be successful in their role. This could be an existing staff member that fills this role as needed.

- 4. Would providers be hiring the CAPS or would they be assigned CAPS?**

Providers are expected to hire CAPS.

Training

- 1. There are 75 hours of CAPS training required; when does this have to be completed?**

To date, there have been three cohorts of adults with autism that have completed the CAPS training. A fourth cohort training will be held in fall 2023. Awarded providers will be required to hire adults with ASD who have successfully completed the CAPS training. Training will be provided through CBH.

- 2. Would providers need to purchase the Camberwell Assessment (CANS) and train staff? Could other assessment modalities be used?**

CANS is user friendly, requires minimal training, and will be free to awarded providers. Consideration for other assessment modalities may be discussed further with awarded providers.

- 3. What staff from providers are required to participate in and attend monthly collaboratives?**

Supervisors will be required to attend. CBH will offer additional technical training and support as needed.

Finance

- 1. Is there an established rate for CAPS?**

The rate will be negotiated with the awarded providers. It will be similar to CPS reimbursement.

- 2. Are there startup funds available while ramping up the program?**

There will not be startup funds but there will be learning collaboratives and resources to support launching the programs.

3. **What services are billable and what services are not billable? Are there requirements in terms of time for each service? For example, 25% of telephone contact is billable; however, do the phone calls need to last at least 15 minutes to bill?**

CAPS will provide support through FTF communication. CAPS can also provide supplemental support through telephonic contact within the 25% allowable telephonic contact, outlined in the [Provider Manual](#). Additionally, CAPS have provided support through telehealth as outlined in the OMHSAS telehealth regulations.