

CBHS Provider Meeting

Region 1

April 29th

Meeting Minutes

1. Introductions of Participants

2. Claudia Bepko LCSW - Project Coordinator (Co-Occurring Integration Initiative): Contact information:

Claudia Bepko, LCSW, Project Coordinator, COSIG

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- Handout - COSII Fact Sheet distributed to participants
- Project staff will be meeting with various agencies thru out the state to discuss the new requirements.
- Project background – 1999 Federal Gov. realized the need for a change in how MH services were delivered. How they were doing it wasn't working. It was too fragmented. They especially recognized the need to integrate Substance Abuse and MH services. Maine became a pilot site in 2005 – one more year to go.
- The Project has worked with 30 different agencies thru out the state – looking at what needs to change. First of all they recognized the need to change policy – see the handout “The COSII Fact Sheet - page three – “Systems change Strategies”. The expectation is that all providers will become capable and competent in recognizing and screening for substance abuse and mental health issues in youth and children. The major effort is to coordinate and collaborate on services for the best outcome for this population. Claudia stated that the prevalence of co-occurring disorders is very high, and is even higher with children. And it is of concern because children are much more impacted by the abusing of drugs because of their developmental stages.
- Another goal is that every agency should know how to respond – “open door” – no one should be turned away from any agency. When a need is identified the agency should continue to work with the child in their own service area while making a referral to an agency that can provide the needed substance abuse treatment. After the referral they would then collaborate with the other agency and the client on their treatment and maintain contact thru out the treatment period.
- There has been a major shift in language in the MaineCare rules and in Children's Services policy to reflect these coordinated efforts. The intention is that families and youth can “easily” access services and feel “welcomed” for coordinated services.
- In the handout there is a definition of what this means for different types of agencies. They realize that this is a big change for many agencies – a culture shift. The Initiative project staff can help agencies make that change. A section of the handout contains information about what kinds of competencies are needed and includes a membership form. Regional Trainings will be scheduled.
- Agencies should have received notification from APS regarding their required paperwork.
- The first requirement to shift to this model is to be able to identify the need. A standard screening tool is being developed (ACOK) which agencies must use beginning July 1st. There will be separate tools for youths and adults. As of this meeting, the youth tool is not ready but they are hoping it will be ready by July 1st. The expectation from CBHS is that all “contracted agencies” will be identifying and screening using the ACOK. Look in the Rider E of your contract for the specifics for your Agency's responsibility regarding this initiative.
- The ACOK is brief and can be taken in about 5 min. Parent can fill out the form for their child/youth, if child/youth is not able to complete it themselves. It will not replace the current tools used by CM and 24 but since this Initiative does apply to some of the children receiving our services, all agencies will need be

involved. It will not change what you do as a Sec 24 agency – except to screen and to refer to another agency that would provide the necessary service. You may however find that the information may make a difference in what you do in working with a child. You will be asked as part of your contract review – if you are doing the screening.

- MH agencies will need to report the results of the completed tool. Pilot programs include: Youth Alternative Ingraham, Counseling Services Incorporated, Spurwink, and Community Counseling Center. 80% of Kids w/MH issues will have Substance Abuse issues.

- CBHS Resource Coordinator, Mike Parker, will check with Claudia and then inform agencies on how to be included on a specific list of agencies who receive all of the information on the initiative.

3. Sue Lieberman - Keeping Maine’s Children Connected (KMCC):

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- Handouts distributed to participants include: Maine Initiative to Integrate Schools and Mental Health Services Brochure, Executive Summary – Findings from Focus Groups on Integration of Schools and Mental Health Services Paper, Fact sheet on KMCC and Information on Youth Advisory and Youth Advisory Committee Member Positions, and Information on Course offered at USM in August: Homelessness, Foster Care, Hospitalization and Learning.

- The focus of this work is to link state agencies and school systems.

- Keeping Maine Youth Connected is an initiative of The Children’s Cabinet – to work with children who are missing school – homeless – changing schools – moving place to place. KMCC has created a system – go to their web site on the Dept. of Ed. website – click onto liaison data base – they have a listing of one contact in each of the different facilities in school districts and corrections facilities. You just need to know the town where the child lives or where they are moving to and it will give you the name of the person who will help to facilitate linking kids to school. It is important to connect information from the old school - to the new school. This liaison can be used to help foster communication. It is important for kids to be able to connect with their old school. It makes a big difference to the kid. A question was asked regarding confidentiality in talking with the liaison. Susan explained that the liaisons know confidentiality rules and they can get permission from the guardian and talk with the kids asking what they want to share. Mostly you are asking the liaison “who is the best person to support this kid in this new situation?” You may not need to share a lot in order to tell them what will best support this kid in the classroom. Think about questions like: Do they need a plan – as a transition or do they have sensitivities that it will be helpful for teachers to know about and who will tell them about the unwritten rules in this new school?

Jessica Sivaco – talked about the Get Connected - Youth Advisory Council

- How to best support the Youth Advisory Committee – talking with youth as to what they need and what are issues for them and about the Peer mentoring program. They are trying to develop a check list from information received from kids that are experiencing these changes. The pink handout is a general information overview. The blue handout – they are looking for a youth to be a co-facilitator. The meeting schedule is on their website and they will let Mike Parker know the date of the next meeting. If people are interested, Susan and Jessica

would be willing to come to another meeting and bring in people from “schools” to talk about the Grant – an initiative to link schools and community facilities, between crisis facilities and schools, to work on professional development, and to do data collection.

- Survey – see survey results in the handout.
 - Keeping Maine Children Connected meeting/ with community agencies – everyone is welcome May 12, 10-12 at DHHS site in Biddeford – go to Web site and be sure to let them know if you are coming so they will have enough handouts.
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4. Luc Nya and Richard Gagne RN - Prevention, Health Promotion, and Optional Treatment Services (PHP) and Early and Periodic Screening, Diagnosis, and Treatment Services Program (EPSDT)

Contact information:

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- Handout on PHP and EPSDT distributed to participants
- Richard Gagne RN (nurse with prior authorization unit) stated that often when people call for EPSDT they are really asking for “Optional Treatment Services” not EPSDT.
- The program is under the Division of Family Health. Preventive Health Program participants must be MaineCare eligible, and fall within income and age guide-lines.
- When someone is accepted for MaineCare they are sent an information packet as to what MC will help with along with a postcard with a checklist as to what the family may need for help. The family will get a follow-up call for details. Bright Futures Forms – provides all of the guidance as to what the child should be receiving for regular services. If there is a need and the family/child doesn’t qualify for MC – PHP has a contract with “Children with Special Health Care Needs”, part of the Center for Disease Control, and they may be able to help some of these children get services.
- Optional Treatment Services – Richard is one of the Authorization Review Unit staff members who make decisions on requests for this service. The request must be considered medically necessary in the view of these nurses and be outside of the regular guidelines of MC. They will review the request even if it is not under the usually optional services – ie equipment – provide supporting documentation to justify the request with PT

notes, OT notes, Doctor notes, and the “Pivotal person” in the child’s care – notes and signature on the request. The program does not pay for OT in the home or exercise equipment, or recreational equipment/activity. An exercise bike would be considered recreational. With Doctor’s referral they would consider transporting client to a place they could access a bike but not buy one. They do not pay for therapeutic horse back riding. To apply for these services - check handout page titled –“Provider Instructions for Requesting Optional Treatment Services” and the attached application form or call or e-mail Richard for additional information.

- Question: – If a request for an out of State medical appointment is denied by regular MC, could it be considered under Optional Treatment Services? – Answer: The request should probably go under regular MC (handled by Charlotte Anderson). You can call Richard to discuss and find out who to talk with specifically. They have a 48 hr. turn around on requests for durable medical equipment. It used to be 30 days. The hold up sometimes is that not enough information is supplied with the application. Question: – Are the reviewing nurses knowledgeable in MR. Answer: Yes. Question: Is there a list of what is covered? So that agencies will know what they can apply for. Answer: There is not a list as they go case by case, but call Richard or call the MC information center line and ask to be connected to someone who can let you know as to whether if something would be an appropriate referral. There are 7 staff/ R.N. who review the applications statewide.

5. Section 24 Changes:

- The new plan format with the Comprehensive Assessment was to be tried for 1 yr. CBHS is now reviewing the present process and in an effort to reduce “Administrative Burden” is considering whether is it necessary to have Comprehensive Assessment sent in every year. (CBHS is running out of storage room, as are agencies.) As part of this effort look at shortening the 90 day reviews - some are quite lengthy – it is okay to send the filled out Quarterly Review Form along with just the new/changed goals. Consideration is also being given to having agencies do the Quarterly Reviews but not submit them to CBHS but for the present time still send the Reviews to Clarice. CBHS staff would like to start visiting agencies and doing Reviews. At that time CBHS would look at the Comprehensive Assessments, Quarterly Review and Running Notes and address issues. Previous reviews of Running Notes have shown that sometimes the Notes are not matching the Treatment Plan.

–If you have suggestions of possible changes to the 90 day reviews e-mail to Bob. Suggestion: – put the Quarterly Review in an excel format. Question: Does CBHS want the agencies to send the goals with the Quarterly Review Form if only the target dates are changed? – Answer: No. However, most goals should change either because they are met or because they need to be revised. Also send only the goals that are changed – not all.

- Question: Any new information on if clients can have both Sec 29 and Sec 24? Answer: Sec 29 appears to not be picking up new clients at this time and Adult Services seems to be using Sec 24 Day Hab. for 18yrs.old and up, so watch your billing as it could cause conflicts in billing for Children’s Sec 24. Check with Mike Parker for updates.

- The billing end date in MECMS should end when the CBHS authorization has ended. This is usually what happens, but in some cases, agencies have still been billing when annual plans haven’t been sent to CBHS. Money could be recouped. If you are late with an Annual Plan contact Bob and Clarice immediately.

- Agencies need to have an authorized plan to provide the service. Regarding difficulties meeting with a family- it is possible to get an extension due to unusual, extenuating circumstances otherwise it is also okay to tell families that if they will not meet with the agency then they can not get an extension or the service.

- Changes to Diagnostic Criteria: Still under review – but probably an adaptive score will be required for MR clients. Question about using evals from School and having it signed off by a regular Dr. or Pediatrician.

Answer: CBHS will be meeting next week but most likely the sign-off would have to be from someone who can do those assessments... Question: Will the Dept. be talking with evaluators to let them know about the new diagnostic criteria? CBHS does not have a list of all of the people doing diagnoses. Perhaps agencies could help CBHS put a list together. Will the delay in getting in to see evaluators be taken into account?

Answer: It may not be an issue. Most evaluations have been able to be done in a timely manner.

Suggestion: Share the new diagnostic requirements with the Psychological Association – if they have a list of providers – send list out to agencies.

6. Other:

- Bethanie has had Case Managers fill out the first part of the Comprehensive Assessment and it has worked very well!
- There has been confusion about the Meeting Signature Page because there isn't a check off box on the page for the Annual Meeting. It does need to be filled out, signed and sent in with the Annual Plan.
- Boxes on the newer forms do not click well – could this be changed?
- Question about getting a copy of a plan – CBHS doesn't usually release to third parties. It can be released to agency that produced it. Families and CM should have a copy of the plan but if they don't they should be able to get a copy from the agency.
- CBHS - format change on forms:

Consider adding check boxes for the three Signatures Pages to the list on the top of Treatment Plan Face Sheet.

- **Please use the most current forms** – 1/09 on the bottom of the page – especially important for the Treatment Plan Face Sheet. (Thanks!)