

Office of Child and Family Services

Targeted Case Management Provider Meetings

[April 23, 29, 30, 2015]

*The following notes summarize meetings with Targeted Case Management (TCM) providers held April 23 in Bangor, April 29 in Augusta, and April 30 in Biddeford.

Presenters:

Teresa Barrows, Behavioral Health Director
Paul Maheux, Behavioral Health Policy Coordinator
Rachel Posner, Behavioral Health Team Leader

Welcome—Teresa Barrows

- The Office of Child and Family Services (OCFS) has recently reorganized. The reorganization includes a Children’s Behavioral Health (CBH) unit.
- CBH will be reinstating regular provider meetings.

OCFS Reorganization and Purpose –Teresa Barrows

- The new OCFS organizational chart is on the website at: <http://www.maine.gov/dhhs/ocfs/org-chart.shtml>
- We are still in process of finalizing the new structure and will keep providers posted with changes.
- The new Children’s Behavioral Health unit is viewed in the new organization as a program unit, focusing on programmatic and clinical issues.
 - We want to re-engage with providers and enhance communications.
 - We want to focus on accountability and transparency.
 - The Mental Health Program Coordinators (MHPCs) are now called Behavioral Health Program Coordinators, or PCs. We are in process of hiring a supervisor for that unit.
 - The Clinical Care Specialists, now called Care Specialists (CSs) are doing various tasks, including residential reviews. We are more actively reviewing reports of suicide attempts and completed suicides, with Lana Pelletier taking the lead.
 - Alice Preble has recently joined the CBH unit as the grant manager for the new Now Is The Time (NITT) Federal grant, which focuses on transition.
 - Services for homeless youth have been moved into the CBH unit, with Yvonne Mickles taking the lead.
- Teresa provided description of other units in OCFS.
- Jim Martin, Director of OCFS, has a priority on transitioning youth to strong adult life. There will be increasing emphasis in children’s services on employment.
- Section 32 has been rescinded in order to offer services under the State Plan. “Protective supervision and oversight” is a need that has been identified, and might become part of the State Plan.

Role Changes and Who to Contact

- Contracts will no longer be the responsibility of the CBH unit. The CBH unit is focused on service delivery, and is viewed in the new structure as the “subject matter experts.”

Office of Child and Family Services

Targeted Case Management Provider Meetings

[April 23, 29, 30, 2015]

- The Operations Unit, under Bob Blanchard, is responsible for finance, contracts, and QA.
- The QA unit, under Stephanie Barrett, will be doing QA reviews at agencies.
- Resource Coordinators will continue to meet with potential new providers. They will also follow up on Reportable Events. As needed, they will be developing resources in underserved areas. When the QA unit starts to perform site reviews at agencies, the Resource Coordinators may be following up with agencies if there is a Plan of Correction.
- Two of the Resource Coordinators are retiring, Mike Parker (Region 1) and Nadine Martin (Region 2). Cheryl Hathaway (Region 3) will continue to be available. Contact Rachel Posner if you need assistance and are unsure who to call: Rachel.posner@maine.gov.

Quality Assurance

- The QA team includes the Program Specialists. This unit will be conducting site reviews, and will not be providing technical assistance. Technical assistance will be done by the Resource Coordinators and others within the CBH unit.
- The QA team will be starting TCM reviews next month. There may be some desk reviews as well as site reviews.
- The TCM Guide was reviewed at the meetings. There are two versions, one for I.D./Autism agencies, and one for MH-licensed agencies. OCFS's QA work will not duplicate the work of MH licensing.
- Some items to look at in the TCM Guide:
 - The "golden thread" that connects the strengths and needs identified on the CANS to the Individual Plan of Care, and then to the service delivery.
 - Individualized services to meet particular needs, for example, youth who are homeless, or have trauma histories.
 - Children out-of-home, including the transition to out-of-home treatment, and discharge from those settings.
 - Transition to adulthood.

Policy Activities

- This is an active time for policies. We have the opportunity to modify a variety of MaineCare sections.
- Section 28 is being rewritten to comply with Federal requirements.
- Section 65 will possibly open in the next few months; however, we do not know what revisions will be allowed when it is opened.
 - An HCT standards workgroup has been addressing what common core standards for what this service would look like. Standards will be moved into the HCT rule.
 - There will also be separate rules for MST (Multi-Systemic Therapy) and FFT (Functional Family Therapy).
- Section 97 is being rewritten. There is no timeline on this at present.
- MaineCare seed contracts are expected to be eliminated. The provisions of the contracts will be incorporated into MaineCare rules in the near future.

Office of Child and Family Services

Targeted Case Management Provider Meetings

[April 23, 29, 30, 2015]

- We are exploring the possibility of expanding the Y-OQ tool to outpatient services (except for medication management and group therapy).
- CANS data for individual agencies is available. For a report summarizing your agency's CANS data, contact Jeanne Tondreau at Jeanne.tondreau@maine.gov.

Questions and Comments

- Regarding the new focus on employment, is CBHS partnering with Voc Rehab?
 - Yes.
- Timelines for the HCT rule change?
 - We are waiting for OMS to open up Section 65 for changes. This might happen in the next several months.
- Will agencies need to renew contracts?
 - Agencies have received contract extensions.
- If Section 97 is changed, will it change how we apply for ITRT?
 - It may.
- Questions were asked about the recent announcement from OMS that certain activities are non-billable for TCM, such as entering CANS data into EIS, and putting CSRs into CareConnection.
 - There was discussion about the distinction between data entry, vs. direct activity with the child and family.
 - For questions about MaineCare, and what types of activities are or aren't billable, contact OMS Provider Relations. In southern Maine, the contact is Brenda Holden Brenda.holden@maine.gov.
- Are providers at risk of recoupment for activities before the memo from OMS came out?
 - OMS stated that the memo was in effect as of that date.
- A provider commented that there is information on the website stating that APS activity is billable.
 - That information memo is no longer accurate due to the recent OMS clarification and has been removed from the website.
- Has a replacement memo outlining billable services been put up?
 - No
 - APS offered to help providers work on CSRs to shorten the time it takes to complete them.
- Do agencies need to create a new treatment plan for APS?
 - Kelly Parnell, APS: No, please don't create a new one. Pull excerpts from the larger treatment plan, focusing on interventions and how they work with the child. What is TCM doing to help the family find supports to improve functioning and help families get support from natural community resources?
- Will RCs help families when APS states TCM for ID children needs to end because it's an "episodic model"? If not the RCs, who will?
 - An open discussion ensued, with input from APS staff.

Office of Child and Family Services
Targeted Case Management Provider Meetings
[April 23, 29, 30, 2015]

- TCM providers said that recently APS is giving shorter authorizations and pressing for discharges.
- A provider indicated that this is happening more frequently. The agency feels pressure when the 3-month CSR is coming, that APS will tell the case manager to stop services.
- Some issues from agencies included: monitoring; widespread challenges even in MH TCM; reconsiderations; APS communication; family's needs not being considered; wraparound vs. episodic model.
- Kelly Parnell from APS indicated that APS has been doing Utilization Review for TCM since 2007, and there are some children who have been in service since that time. The CSRs are reviewed in a very individual way. If there are any questions, on this or any issue, don't hesitate to contact APS.
- OCFS is aware of these concerns and there is active communication internally around this issue.
- Is anything new about Behavioral Health Homes?
 - This is moving forward. There are over 300 children in BHHs. There are no anticipated changes in the policy for BHHs. OMS is reviewing the per member per month rate.
- Are Behavioral Health Homes and TCM different levels of care?
 - BHHs fit well for children with long-term chronic illnesses as well as behavioral health problems. Children with I.D. or Autism are not at present covered by BHHs. BHH is a wraparound model for youths with multiple needs.
- Questions about transition and employment.
 - Teresa indicated that Jim Martin is working with the Transition Specialist at Voc Rehab, and with DOE, to map out what exists and what is lacking, and how the needs can be addressed.
 - OCFS also has a Federal grant focused on transition services, called Now Is The Time. Alice Preble directs that grant, which provides the TIP model of case management.
- Difficulty with discharge of youth from hospitals.
 - Both Acadia and Spring Harbor hospitals hold transition meetings to make the process cleaner and quicker.
- Question about whether the CANS is able to fulfill the requirement for a Comprehensive Assessment as required by MH Licensing.
 - No, the CANS is not meant to be a Comprehensive Assessment but is meant to inform the Comprehensive Assessment.
- Is OCFS rewriting Section 13 as well?
 - The intention is to re-write all of the Behavioral Health MC rules but no timeline has been established for TCM yet.
- Will MaineCare rule be reviewed before the conversion to the new DSM-5 in October?
 - OMS is currently reviewing this issue.

Office of Child and Family Services

Targeted Case Management Provider Meetings

[April 23, 29, 30, 2015]

- Some hospitals are already using DSM-5, but there's no GAF score, which is required in the ITRT process. Recommend trying to have the clinician furnish a GAF score for the ITRT process. CBH will look at the GAF requirement during the revision of Section 97.
- APS indicates hospital staff as being challenged with GAF. CBHS will discuss this with MaineCare.
- APS staff described their upcoming annual conference. The DHHS Commissioner will be giving the keynote.
- Question about MaineCare Seed contracts going away.
 - For now, existing providers have had contracts extended. As each MaineCare rule is rewritten, the contract for that service will go away.
- OCFS is considering how PCP (person centered planning) may be adapted for children.
- Mental Health homeless youth is a difficult challenge for authorizations. However outreach is able to obtain the hours because they are not APS authorized.
 - If you are experiencing issues, please contact Teresa Barrows to let her know.
Teresa.barrows@maine.gov
- Will mental health licensing reviews be replaced by BH reviews?
 - MH reviews will continue, however I.D.-only services may have more intensity of review from QA team.
- MH requirements and APS requirements do not match. Is there a way to get all the review documents to match with APS requirements to streamline paperwork requirements, including the new review tools presented today?
- When do we stop calling the Program Specialists for technical assistance?
 - Now.
- When will the org chart be on the website?
 - It is there now.
- Will Section 28 create a standard of care?
 - We hope to go there and may be able to build it in the MaineCare rewrite.

Next Steps

- CBHS will continue to work with APS and TCM providers on the issues that have been identified.
- Quarterly meetings.