

September 13, 2010

Provider Meeting, Region 1

Present:

Mike Parker, DHHS-Children's Behavioral Health Services  
David Prescott, Becket Programs  
Jennifer Fullerton, Becket Family of Services  
Gary Grover, Back to Basics  
Kelly Parnell, APS Healthcare  
Melissa Maurais, CAFÉ  
Lonnie Leeman, Christopher Aaron Counseling Center  
Jennifer Collins, Christopher Aaron Counseling center  
Allison Lynn Catey, Providence  
Corinne Whitling, Providence (Mid-Coast Region)  
Brett Webster, Bridges of Maine  
Hannah Welch, Bridges of Maine  
Jessica Frentz, Saco River Health Services  
Elizabeth Sjulander, Saco River Health Services  
Erica Whiting, Port Resources  
Terry Valente, Independence Association  
Mimi Ferris, Affinity  
Claire Hall, Affinity  
Carolyn Cheney, Pine Tree Society  
Becky Ruan, Living Innovations  
Libby McConnell, MAS Home Care of Maine  
Caroleann Cookinham, MAS Home Care  
Emily Martin, Sequel Care of Maine  
Melissa Allen, Sequel Care of Maine  
Barbara Fowler, Spring Harbor Community Services  
Laura Harvey, Independence Association  
Coleen Gilliam, Independence Association  
Clarice Dunn, DHHS-CBHS  
Joyce Segee, Saco River Education/Saco River Health Services  
Ellen Dorr, Woodfords  
Kristine M. Belanger, Milestones Family Services  
Karri White, Bridge to Success  
Beth Blanchette, KidsPeace  
Karen Backman, Casa Inc.  
Jim Pease, Casa Inc.  
Roger Wentworth, Sweetser  
Bethanie Jacques, Casa  
Sarah Mehlhorn, Waban Projects  
Carrie Baker, Merrymeeting Behavioral Health  
Meg Hall, Spurwink  
Durinda Chace, Spurwink

Ellen Martzial, Woodfords  
Amy Mihill, MVRA  
Nichole Hinton, Providence (Bath)  
Peggy Splaine, Providence (Bath)  
Sally Hunt, DHHS-CBHS  
Lisa Salger, DHHS-CBHS  
John Beaman, KidsPeace  
Genevieve Gardner, Connections for Kids  
Jana Colby, DHHS-CBHS  
Jessica Arnold, MAS Home Care of Maine  
Kim Proulx, MAS Home Care of Maine  
Kane Loukas, YI  
Nichole O'Farrell, Christopher Aaron Counseling Center  
Pat Proulx-Lough, Tri-County Mental Health Services  
Bob Barton, DHHS-CBHS  
Doug Patrick, DHHS-CBHS  
Rachel Posner, DHHS-CBHS

## Introductions

### Flexible Funds

Although there have been budget cuts, CBHS still has flexible funds. The usual parameters apply. This is the funding of last resort. Whenever possible, natural and community supports should be used. If a request is made for flexible funds, the parents will be asked to do a co-pay, if possible.

There are flexible funds set aside to support outpatient & medication management services for a specific group of children. These funds are for children who do *not* have Medicaid, and can demonstrate this (through a letter of denial from MaineCare). The child must have "medical necessity" for outpatient and/or medication management services. These funds will *not* pay for deductibles or co-pays for private insurance. These funds will cover the agency's cost, after the sliding scale has been applied. The agency delivering the service must have a contract for the appropriate service with CBHS. The above information is primarily of interest to clinics that provide this service. By definition, case managers will not be accessing this funding for their clients, since those children have MaineCare.

### ITRT changes

Starting on October 1, there will be streamlining of the residential treatment review process. Instead of weekly meetings of a review team in each region, there will be an ongoing process of review and authorization. CBHS will try to get decisions out one or two State business days of submission of a completed application. The residential referral form will be shorter in the future, requesting slightly less information, and will be easier to fill out. There will be a technical assistance call on this for people who fill out these forms or whose staff do so. This includes case management, Child Welfare

supervisors, ACT, crisis units, psychiatric hospitals. The call-ins are September 16, 9-10:00, and September 22, 2-3:00. Details on this will be e-mailed to providers.

Because the narrative has been eliminated from the new application, the supporting documents have become very important. It is important to furnish primary documentation such as progress notes from therapy sessions, rather than summaries written after-the-fact. And if your agency is asked to provide support documentation for an application, please assist the child and family by responding quickly to their request.

Another change concerns treatment plans. The residential program will no longer be required to furnish a treatment plan to CBHS prior to admitting the child. CBHS will receive the treatment plan 30 days after admission.

#### On-line training for Behavioral Health Professionals

Saco River Education has Ann O'Brien (CBHS) and Dave Kinsella (BHSI) to put the Behavioral Health Professional training on-line. The curriculum that is now available on-line applies to both RCS/Section 28 and 65HCT. Saco River Education has been authorized to offer this on-line training. The on-line version is true to the curriculum, and also added some information about developmental disabilities related to Section 28 services. There are 4t hours of on-line training, and a 5 hour discussion group at the end of the training. There software includes a tracking system to keep track of the time it is taking to complete the training. It is expected that students will generally take 4 to 5 hours a week of training; but the advantage of on-line training is that staff can do this whenever they have time. Saco River Education is also putting together an online CPR training in collaboration with the American Heart Association, with an in-person component at the discussion group. Classes are expected to start in October or November. Information is available through the Saco River website. There's technical assistance for people who have trouble getting on-line. Tuition is \$300.00 which includes the downloadable manual; or hard copies can be purchased for additional \$50. If the student doesn't finish the training, the provider can get a pro-rated refund. Saco River Education is looking to collaborate with trainers at other agencies.

#### Section 28 RCS

Everyone is adapting to the changes well. CBHS is expecting to start receiving the 6 month reauthorization requests soon. Plans that are coming in are looking pretty good. CBHS has seen a limited number of plans from school providers. Feel free to call Bob with questions (822-0302).

DHHS is going to a new billing system (MIHMS). If you have not already, make sure your agency is registered with MIHMS. After September 1, all bills will be coming through MIHMS. Please let CBHS know if there are problems you're having trouble getting resolved with MIHMS.

- Provider was locked out 3 separate times, for 30 minutes, by putting in a date wrong. Other technical difficulties.

- Doug—are folks using the Molina helpdesk? Provider says the helpdesk is no longer picking up.
- Enrollment problems for various providers
- Regarding enrollment problems, one agency was told by Molina that DHHS is holding things up.

Doug explained the CBHS role with the new system. There's a workflow queue in the new system. For MH providers, you need to get certain information into Molina in a certain order. At some point, Molina comes to CBHS to make sure that CBHS has a contract with the agency. So that's really the only place where CBHS would say yes/no to move an agency along. The Resource coordinators work on this on an ongoing basis. There have been some issues with the queue, such as a children's MH provider being routed (incorrectly) to the adult MH queue. If agencies run into difficulties with this, contact Mike Parker, Resource Coordinator.

Kelly, APS: several glitches have come up. APS has daily check-in with Molina to catch things as they happen.

Q: Is there a place a provider can go to, to sit down with someone from Molina and get training directly?

A: Need to contact Molina. On their website, there may be some trainings scheduled. Doug can re-send information about hands-on training.

Q: Question about authorizing plans.

A: CBHS will notify Section 28 providers that we have received plans. CBHS will not issue authorization letters until November.

Q: Should providers be expecting a review of the plan in November?

A: If there's a problem with the plan, the authorization will be shorter than 6 months. CBHS is writing authorization letters, but just not sending them out until November 1. If there's a problem, the letter the agency receives in November will have a shorter authorization than 6 months. Because of the changeover to MIHMS, the authorizations are just going through, because CBHS doesn't want added confusion.

Q: Would this change the annual date, potentially?

A: Yes, That is a possibility, but we need to not think so much about "annual dates" but about continued stay review (reauthorization).

Q: What about opening new children during September?

A: Agencies can bill through MIHMS without a preauthorization, until November 1. At that time, the agency will get the authorization number

Q: So, if the agency hears nothing about the information that's sent into CBHS, they're OK?

A: Basically, yes, during September and October

Q: Will there be a letter saying the child is eligible?

A: Providers should get letters about eligibility, but not about plans, during September and October.

Q: The monthly report from Clarice has been a good tool.....but the provider hasn't received it recently.

A: Going to try to get back on track with that. Will be sending it out electronically in future, password protected.

Q: Agency changed company names recently. Isn't getting authorization letters.

A: If provider has been notified that CBHS got the plan, consider that things are good to go. Call with questions about individual children.

Q: Does all this apply to all 3 regions?

A: Yes.

Reasons for delay till November 1, related to MIHMS changeover from MECMS....and includes the fact that schools are enrolling in Section 28. This came to CBHS to work out the details on this. So not doing authorizations for Section 28 for a while gives CBHS time to work out the details. Thanks for everyone's patience.

Q: If child is receiving Section 28 at school, or Section 65 services at school, can they receive it at home?

A: Yes. Some of the services are school-based, and some are home-based. This might get complicated for younger children, particularly for Applied Behavioral Analysis (ABA) services, that occur in school and home. There is only a certain amount of services that are effective for a child. Remember: anything that happens at school needs to come through the school in order to be approved.

Q: Are the schools now MH agencies for 65HCT?

A: No.

Section 28 has been under emergency regulations. Re: the final regulations—the State has received comments and is putting together responses. Expect final rule in next couple weeks.

### 65HCT

There was a provider technical assistance call hosted by APS last week, which reviewed the new process for 65HCT. Basically, this new process is similar to the current process for targeted case management. As of October 1, CBHS will no longer receive the referral forms, change of status forms, etc., for children referred for HCT after 10/1. For children on the wait list in September, CBHS will continue to process referrals according to current procedures. So, for children referred before or during September, CBHS will require referral forms, change of status forms; CBHS will do the matches, and will require capacity reports from agencies. This group of children will continue in this process until matched and served.

As of 10/1, referrals will go directly to agencies. If the agency can't pick up the child that day, the Contact for Service notification will become the notification to APS that the child is on the waitlist with the agency. That Contact for Service note will need to be updated every 30 days.

The new referral form is on the CBHS website, as well as a procedural document. The information is also on the APS website. As with TCM, the CBHS staff will follow up regarding children who have been on the waitlist for some time. CBHS expects agencies will provide information about other agencies to families of children who would have to wait for service. It will be critical to keep Contact for Service notes updated. When a child starts service, if there are referrals out to a number of agencies, the APS software should close out the Contact for Service notification with other agencies. Within 5 days of starting service, or prior to starting service, there should be a request for Prior Authorization with APS, which will require information about clinical needs, and reason the child needs this service. The service can be started, but the P.A. should go in as soon as possible, because there's a risk that it might not be approved by APS.

Q: The new referral form will require additional clinical information that it didn't have before? This seems like an obstacle, to do this before starting services.

A: The form is on the website, and has been e-mailed out. Yes, it tracks the type of information that will need to be put into CareConnection for prior authorization. The potential 65HCT provider might need to check with the case manager or others involved with the child for some of this information. This is basic information, to make sure that the children who get into this level of care actually need it.

The information provided to APS should clarify the lower levels of care that have been tried, what has worked and hasn't, and what's causing the need for this service at this time. This doesn't have to be extensive.

Q: Have more pages been added to APS?

A: No. The provider will need diagnosis, and to complete the "additional information" section.

Q: Case managers will be able to refer directly. Will the Department be monitoring the percentage of in-house referrals? How will it be monitored, for agencies that don't have TCM programs (to be sources of referrals) and do have HCT?

A: Providers need to be aware of all the other agencies and help families access other agencies as appropriate. CBHS will be running reports to look at whether there are an excessive number of referrals from TCM to the agency's own HCT program. CBHS will be tracking the waitlist, which should push referrals out to other agencies in the geographic area.

Q: Will the waitlist be published on APS website, as for TCM?

A: Yes.

Agencies will be getting referrals directly from case managers and families. Agencies might have to do a little marketing in order to get referrals.

### Other

Q: Is there any progress for getting treatment plan that goes to CareConnection approved by Licensing? (The request is to have the CareConnection record approved by Licensing, so the agency can just print it out and put it in the chart; and similarly for the discharge plan.)

A: Kelly (APS): this is being worked on.

Doug provided an update about Youth MOVE. The Federation of Families is a movement to get parents a voice in the system. GEAR is the Maine chapter for the Federation, and has been very active in training, advocacy, and system change. The missing piece has been a youth counterpart. There are often different perspectives between families and youth. An organization has been needed to help youth become successful in advocacy, systems change activities, etc. Youth MOVE is that organization in Maine. CBHS is supporting it through funds from the Federal Block Grant. There is a Youth MOVE coordinator, and lead: Ryun Anderson [randerso@tcmhs.org](mailto:randerso@tcmhs.org). There is funding to start up local groups, similar to what GEAR has done. There is a representative in the mid-coast area, in Kennebec-Somerset, in the Lewiston-Auburn area, and there's a vacant youth coordinator position for Cumberland, York, & Oxford county areas. So far, Youth MOVE has been involved with various initiatives, e.g. Y-OQ (the outcome questionnaire that will take the place of the CAFAS). They have given important feedback, have facilitated meetings, and have been instrumental in making some changes in the Y-OQ not just in Maine, but nationally. They have also been involved in Wraparound Maine, and in the THRIVE initiative.

Results from the Trauma-informed agency assessments are in, and are going out to agencies. There was a component about youth engagement in the agencies. There will be webinars available in November about this. Next year, the agencies that did not complete the assessment will be asked to administer it. In two years, all agencies will be asked to re-administer the assessment, to see how they are doing. Across agencies, a major issue is how engaged youth are in services, how youth-friendly the materials are, etc.