

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
November 20, 2008**

DRAFT Minutes

Members Present:

<ul style="list-style-type: none"> • Christine Brown, AMHC • Christopher Morse, Care & Comfort • David McCluskey (via ITV) 	<ul style="list-style-type: none"> • Chris MacArthur, Harvest Inn Social Club • Blair McCartney, Life by Design/ACES • Gayla Dwyer, MMC Employment Coordinator • Katie Burby, MMC Employment Specialist-CSN 1 	<ul style="list-style-type: none"> • Lori Soucy, New Day Counseling • Patricia Michaud, Northern Maine Medical Center • Laura Turner, TAMC
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Members Absent:

<ul style="list-style-type: none"> • Acadia Hospital (excused) • Allies, Inc. (excused) • Cary Medical Center • Community Mediation Services 	<ul style="list-style-type: none"> • Consumer Council of Maine • Dorothea Dix Psychiatric Center (excused) • Houlton Regional Hospital • Kindred Spirits 	<ul style="list-style-type: none"> • NAMI-Families • NFI North • Northern Maine General • Transition Planning Group
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Alternates/Others present:

<ul style="list-style-type: none"> • Kelly Bickmore, APS Healthcare 		
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Staff Present:

<ul style="list-style-type: none"> • DHHS: Sue Lauritano and Scott Kilcollins. Muskie Staff: Scott Bernier

Agenda Item	Discussion
I. Welcome and Introductions	Sue welcomed participants; introductions followed.
II. Review and Approval of Minutes	Minutes were reviewed. Correction: Consumer Council of Maine was excluded from the list of members absent. Minutes were accepted with this correction.
III. Feedback on OAMHS Communications	No feedback was provided this month by attendees.
IV. APS Healthcare	<p>Sue introduced Kelly Bickmore and provided some of Don Chamberlain's findings to the group:</p> <p><u>Summary Findings from Visits to Selected Mental Health Providers by Don Chamberlain, DHHS/OAMHS</u> At the suggestion of Don Harden of Catholic Charities and the Chair of the Adult Committee of MAMHS, Don Chamberlain and a mental health team leader conducted site visits to get an on-the-ground view of the APS Healthcare process. Mr. Chamberlain asked Mr. Harden to set up site visits with a number of providers ranging from a low tech provider to a high tech provider. He also asked the Behavioral Health Collaborative for a couple of providers to meet with. Mr. Chamberlain and the mental health team leader from the appropriate region met with front line staff, supervisors, billing staff, and others from the organizations. The agencies are: Shalom, Catholic Charities, Common Ties, Kennebec Behavioral Health, CSI, and Community Counseling Center.</p> <p><u>The findings:</u></p> <ul style="list-style-type: none"> • For continuing stay reviews, the additional time required is from 20 minutes to one hour per case. The low end is for therapists in outpatient settings. Other than one provider, all the rest have to take their treatment plan in their clinical record and translate it to Care Connections. This task seems to be easier for master's level clinicians than

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	<p>MHRTCs.</p> <ul style="list-style-type: none"> • Most providers have established systems that require the plan to be reviewed by either the supervisor or the Quality Department prior to submission. This adds time internally before the data can be entered into APS. • The increase of CI from six-month continuing stay reviews to every 90 days has substantially increased the administrative costs to CI providers. To do the RDS would take a much more limited time. Recommendation: Get the RDS information at the 90-day mark and do the full continuing stay at the six-month point. • The comment section of CareConnections is being used for additional goals and other ongoing information which can not be brought forward in continuing stay reviews, which results in additional work for each review. • A decrease in initial authorization visits for outpatient services results in more reviews than need to occur. The original authorization allowed the treatment of many consumers to be completed and therefore not require a review. The current initial authorized visits cause nearly every case to require a continuing stay review. Recommendation: Return to the earlier number of authorized visits. • One provider has an electronic interface which eliminates, for the most part, the need for clinicians or others to enter the information. However, every time there is an APS change, the provider must pay an IT cost. • While there was a reduction in the information required for outpatient for continuing stay reviews, one has to go through all the pages to get to the appropriate section, which causes confusion and time. • When a question arises, telephone tag on both sides requires more time. • Given the agency processes and the telephone tag, the five-day pre- and post-the date for review is difficult to meet. Recommendation: Increase from 5 to 7 days on either side. • For PNMI, the 30-day review is a bit short since the OAMHS has approved the placement in the first place. Getting the registration and discharge into APS in the 24-hour time frame is sometimes problematic. Recommendation: Increase the time frame for the continuing care review and allow an additional 24 hours to get registration and discharge data into APS. • Recommendation: Those with computerized records would like batch up loading to save time and expense on the provider side. • General concerns regarding the language and information that APS is asking is medically oriented based upon problems whereas the ISP is strength-based. Licensing may require something else. Recommendation: That these be aligned. • There is variability in agency capacity to easily track visits and time for approvals from one agency that has had to set up a spread sheet to an agency in which all is computerized and can send out reminders. • Everyone indicated that the reviewers and staff at APS were easy to work with and very professional. <p>((The findings listed above reflect a report issued by Mr. Chamberlain following this meeting and are not an exact transcription of discussion at the meeting).</p> <p>Questions for Sue:</p> <ul style="list-style-type: none"> • You said that there are no beds available up here? A. The website shows that all beds up here in Aroostook County are full. • Did you know that there is an initiative to try and reopen the TAMC facility in Fort Fairfield. A. Those are a different kind of bed. Response from Laura: Our outpatient services were moved from Fort Fairfield to Presque Isle. I'm not aware of the Fort Fairfield facility being reopened. <p>Kelly explained about the feedback form that was emailed to agencies. APS is asking agencies to provide feedback on the</p>

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	<p>process of using its system including:</p> <ul style="list-style-type: none"> • An estimate of how long it is taking to enter a review into the system. • Suggestions for solutions to current problems. <p>APS plans to report on feedback and proposed solutions in January. This will not be a one-time request for feedback. Please remember we are a utilization review. We have heard that electronic uploads would be helpful. We are working on that.</p> <p><u>Questions/comments:</u></p> <ul style="list-style-type: none"> • What data are you gathering? A. We are asking agencies to tell us the challenges they are encountering with the APS system. • Was the 20-to-60 minute time length reported time spent by APS or providers? A. It was the time spent by providers to enter a case review into the APS system. The more intensive (time) ones are for community integration. • We've only recently started on this system. Our social workers are finding it very time consuming. • When you look at the data, is that how you get an average stay? A. Yes, through the reports that are generated. • We're starting to see inconsistencies in the approvals—we've had two consumers with nearly the same need. One was approved and one was not. A. We are continually working on internal quality improvement. If you are experiencing this sort of problem, please contact us. Have the case ID's available. • Whatever we have called about, you and your people have been very responsive. Response: We're fielding 600-700 calls a week. • Systematically, I've heard your help desk people are very helpful. • They walk-through has helped. It makes us feel like we're on the same side of the fence. • I think anything that can be done to reduce the task for community integration every 90 days would be a help. We're spending so much time on this that it's taking time away from the clients. <p>Kelly addressed the telephone tag issue: All you need to do if you get voice mail is provide us with the case ID number. You can also email us. It's actually faster via email. Use only the ID number to meet HIPPA requirements. You can find our email on the website along with the email/contact information for Provider relations.</p> <p>Kelly also noted that the most successful agencies seem to have highly organized internal systems which enable them to have an easier time with our system. For example, AMHC has an APS lead person in each office who can troubleshoot issues internally before contacting APS.</p> <p>Current APS data reports were reviewed. Kelly noted that currently, APS is not getting all discharge reports for inpatient or PNMI. They are working on better data collection to correct this. This is just baseline data. APS doesn't plan to do anything with it for another 6 to 9 months after the data has been improved. APS plans to offer data conference calls starting in January.</p> <p>Question:</p> <ul style="list-style-type: none"> • What is the difference between serious mental illness and emotional disorder? A: Serious mental illness is the term in adult services. Emotional disorder is the term in children's services.

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	<p>If you have additional questions, you can contact Kelly.</p>
<p>V. Budget/Legislative Update</p>	<p>Sue initiated this topic item. Legislatively, there have been no changes since last month.</p> <p>Budget: 2010-11, DHHS has put in recommendations. We will not know what is in or out until the State of the State address in January.</p> <p>On the short term, the Legislature will be coming back into session in December. The Governor issued curtailment orders yesterday (11/19). OAMHS didn't take a huge hit. The money we have is able to stay for current consumers. We are looking to add more grant funds for CSN 1 through June. Grant dollars cover non-MaineCare members. Contact us if you need more funds and we'll see what we can do. If we're out of funds, you'll have to start waiting lists.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • So it wasn't as big of a hit? A. Yes. Initially, we had two pots of money. The court master ordered that the two pots be merged. We took \$350,000 off of that, which didn't hurt us as much. • It sounds like a CLASS member has to have MaineCare to get CI services? A. Scott Killcollins answer to this leads into the next agenda item.
<p>VI. Consent Decree</p>	<p>Scott referred attendees to the handout on the Consent Decree and answered the last question in the previous agenda item: DHHS approached the court master to find out who needs to be covered as part of the Consent Decree. For services in Maine, there were two funding streams: MaineCare and Grant dollars. Grant dollars come from the state general fund while MaineCare has matching Federal money. The court master ruled that regardless of whether a consumer was a class member or not, the state needs to cover treatment. So we can't use the grant fund criteria anymore. We had to combine the funds for both Class and non-Class members. Class members can receive services as long as they are MaineCare eligible and funds are left.</p> <p>Please remember that when someone goes in a hospital, you can't bill for community integration services. However, if they go to jail, you can bill for community integration services for 30 days. If a person can bear the fee, they will have to pay for it.</p> <p>Questions:</p> <ul style="list-style-type: none"> • On the last page of the handout, it appears that there is still a distinction between CLASS and non-CLASS members. A: That's the old information. The court order is the first three double-sided pages of the handout. The decision is pretty just. It defines the state's financial obligation and levels the playing field. • So each provider has to manage their allotment? A: Yes • How are amounts determined? A: It is based upon the prior year's usage, but we also gave some dollars to all other providers who never had grant dollars before. Some agencies go across CSNs and received money for each CSN. Agency must track funds in each CSN separately. Ex. Funds for CSN 1 should only be used in CSN 1. We've also had some agencies pass on receiving grant dollars. • When will this be in effect? We had a meeting with Riverview and they think class members still go to the top of the list. A: We are having meetings with them to clarify this. • So, a person comes to an agency and that agency can't take them, but knows of another agency that can. A: Discuss it with the consumer about the other resource.

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	<ul style="list-style-type: none"> • Is the heightened requirements still in place on the grant criteria in the APS system? A: It should not be there. If it is and you're having trouble, contact me (Scott Kilcollins) with the consumer's name. I'll send an email back with an approval number. • Will we receive a memo on this? A: Central Office should be sending one out. • We still have responsibilities around the consent decree, correct? A: Yes. • Original grant dollars was around \$1.3 million. Do we know the new combined amount? A: Yes, but I left the figures at the office. The combined pot lost \$350,000 in the curtailment order. • So, a wait list would be determined by our monthly budgeting. We need to keep track of costs. A: Yes. • We have a sliding fee scale in place for other services. Could we assign a fee and still see them? A: That's up to the agency. If you want to charge them a fee and absorb the loss, that's up to you. • So, there is an ability to do a sliding fee scale. Is there a possibility of a co-pay? A: The state is looking into it. You can't currently mix grant dollars with a fee from the consumer. If you intend to charge a fee for service, make sure you speak with the team leader before you attempt it.
<p>VII. Consumer Council Update</p>	<p>Chris reported for the Consumer Council. The statewide Council has openings due to turnover. Chris is being considered as a representative for CSN 1. one issue for the local Caribou Council is transportation to regional and state-wide meetings. They are looking at what's available for resources to get members to/from the meetings. The local council is having a problem with membership diversity. The majority are from Harvest Inn Social Club. Please pass the word on to your consumers.</p> <p>Questions/comments:</p> <ul style="list-style-type: none"> • Is there a brochure we can use to help boost your membership? A: Yes, contact Vickie McCartney for the brochure. • We'll gladly pass the information on. • When is your next local meeting? <p>ACTION: Chris will email this information to Scott to list in the minutes.</p> <p>Chris raised concerns over a new product sold in local smoke shops called Salvia. A friend tried it and had bad side effects/hallucinations, even though it's perfectly legal to purchase. He's concerned the reaction someone with bipolar or schizophrenia may experience should they try it.</p>
<p>VIII. Report from Employment Service Network (ESN)</p>	<p>Katie provided the following update. She is currently working with 36 job seekers and have 22 referrals pending. Of the 36:</p> <ul style="list-style-type: none"> • 7 individuals are employed in fields such as health care, driving, auto parts and retail • 2 are volunteering at the Humane Society and the Aroostook Medical Center • 3 are enrolled at Caribou and Presque Isle Adult Education • 8 are actively seeking employment • 3 are exploring career options • The other 13 include people who have not yet responded to her attempts to schedule an appointment. <p>She is working on developing a plan to better understand employers in CSN 1. The ESN held a meeting on 11/19 with a guest speaker.</p> <p>Gayle reported that CSN 2 has a vacancy, but it might be filled soon.</p>

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IX. Other	<p><u>PNMI</u> It was discussed if CSN 1 & 2 wanted to hold meetings around PNMI. A similar meeting held in Region II (Augusta) was observed. It was found that it worked well with Region II. So, we held one in Region III (Bangor) last Friday. We discussed: organization, rehabilitation rule and the paperwork process. The meeting went well. We will continue to hold meetings on a quarterly basis.</p>
X. Public Comment	There was no public comment.
XI. Meeting Recap and Agenda for Next Meeting on January 22, 2009	<p><u>Meeting Recap</u> See ACTION items above.</p> <p><u>January Agenda</u> Feedback on OAMHS Communications Status of legislative proposals Consumer Council Update Report from Employment Service Network (ESN)</p>