

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
June 25, 2009**

Minutes

Members Present:		
<ul style="list-style-type: none"> • Acadia Hospital, Annette Adams (via ITV) • Allies, Inc., Jessica Parady • AMHC, Christine Brown 	<ul style="list-style-type: none"> • Care & Comfort, Chris Morse • Life by Design, Denise Plourde • New Day Counseling, Danielle Perry 	<ul style="list-style-type: none"> • Northern Maine General, Beth Jandreau • Northern Maine Medical Ctr, Patricia Michaud • The Aroostook medical Center, Laura Turner
Members Absent:		
<ul style="list-style-type: none"> • Cary Medical Center • Consumer Council (excused) • Dorothea Dix Psychiatric Center 	<ul style="list-style-type: none"> • Gateways, PA • Harvest Inn Social Club (excused) • Houlton Regional Hospital 	<ul style="list-style-type: none"> • Kindred Spirits • NAMI-Families • NFI North
Alternates/Others present:		
<ul style="list-style-type: none"> • Maine Medical Center-ESN, Katie Burby 		
Staff Present:		
<ul style="list-style-type: none"> • DHHS OAMHS: Don Chamberlain, Sue Lauritano, and Scott Kilcollins. DHHS OMS: Deborah Blanchette (via ITV). Muskie Staff: Scott Bernier and Julia Mason (via ITV). 		

Agenda Item	Discussion
I. Welcome and Introductions	Sue welcomed participants; introductions followed.
II. Review and Approval of Minutes	Minutes were approved as written.
III. Primary care Case Management Program	<p>Debbie Blanchette made a presentation on the Primary Care Case Management-Managed Care program provided by DHHS Office of MaineCare Services. A PowerPoint handout that highlighted the points of the presentation was provided to all attendees.</p> <p>A short discussion followed. Debbie answered questions.</p>
IV. Preliminary results of the CSN Future Suggestions Feedback	<p>Members were provided a summary of the suggestion forms completed at the previous meeting. Don provided the following reactions/proposals from OAMHS based on suggestions from all seven CSNs:</p> <ul style="list-style-type: none"> • OAMHS suggests that the CSN mission be maintained. • OAMHS suggests switching to a quarterly meeting. Meeting would occur the same date of the month within that quarter as the CSN currently meets. • The agenda of that meeting would focus on: reviewing the continuity of care within the CSN, and reports on other CSN-related meetings such as PNMI, CLASS, Consumer Council, and ESN. • On the months the CSN doesn't meet, a workgroup would meet to work on continuity of care issues in that CSN. Members of that workgroup may not necessarily be the CSN agency representatives. • There will also be a monthly teleconference for information sharing. It would be based in Augusta and anyone could join the conference. It may eventually move to a webinar. <p>A short discussion followed. Concern was raised in that if a workgroup in another part of the state works on a continuity of care issue, the solution they find may not work in Aroostook County due to the limited resources available in the County.</p>

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V. Feedback on OAMHS Communications	<p>Members asked about the WRAP Fund process for FY2010. Don explained that the State Controller Office has requested that there be an additional member on the approval board. The CSN will need to identify someone to do this. That person doesn't need to be a CSN representative. When an urgent need arises, AMHC may approve it in advance and the group can review it after the fact. Funds will again be available on July 1.</p> <p>Action: Sue will edit the Wrap Fund request form to provide informed consent.</p>
VI. Employment Report	<p>Katie provided a handout in advance to all CSN members via email. Christine, representing the host agency reported:</p> <ul style="list-style-type: none"> • Five slots remain in reserve for consumers of other agencies. • If you wish to take advantage of one of those slots, you need to contact Gayla Dwyer to arrange a presentation at the agency on how to use the Need for Change tool/form. Completed forms are forwarded to Katie. • Katie will be going out on maternity leave soon. Others will fill-in for her while she's out. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Comment from Don: It has been suggested in other CSNs to change the pie chart to a bar graph. That suggestion has been forwarded to MMC.
VII. Consumer Council Update	<p>There was no update.</p>
VIII. Legislative Update	<p>Don provided the update:</p> <ul style="list-style-type: none"> • In the last round of the budget negotiations, OAMHS maintained status quo. • Some curtailments in FY09 were restored for FY10. • There is a change in eligibility for CI services. LOCUS replaces GAF. You need a LOCUS score of 17 or greater to be eligible for services. This is effective July 1, 2009. • Scattered site PNMI's are being eliminated. A proposed community rehabilitation service is in the works to replace this. In addition, prior authorization will go into place for all sections of PNMI. • Extension of Progressive Treatment Program (PTP) passed. This affects Bangor and Augusta only. It allows a second 6-month period for those who are in the program and reduces the eligibility age from 21 to 18.
IX. Other	<p>Letter from MaineCare to Consumers</p> <ul style="list-style-type: none"> • There was a letter that was sent out from MaineCare about Targeted Case Management and Schaller-Anderson. It caused a lot of confusion because it was supposed be about children-only, but was sent to everyone. Since then, the proposal within the letter has been withdrawn. <p>In-Patient Psychiatric Admissions</p> <ul style="list-style-type: none"> • Effective July 1, 2009, you will need prior authorization for this service for those supported by MaineCare. Acadia and Spring Harbor Hospitals are exempted from this requirement. There will be a conference call for hospitals in regards to this on Friday (6/26). <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Comment: The referral process creates delays to the access to services & the continuity of care. This is not good for the consumer. The input of the required information can take up to 45 minutes.

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	<ul style="list-style-type: none"> • Response: The hospital is to communicate with the crisis provider. DHHS had proposed that the crisis worker obtain authorization, but was overridden. <p>Community Integration</p> <ul style="list-style-type: none"> • Agencies are receiving CI funds upfront. As of July 1, they can pick-up consumers for which they can afford. This is for regular Section 17 services. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: If there is an APS denial, can we apply for a waiver? • Answer: No. The waiver process is gone. Class & non-class members are no longer separate. You could apply for grant funds for those who lose MaineCare.
X. Public Comment	There was no public comment.
XI. Meeting Recap	<p><u>Meeting Recap</u> See ACTION item above.</p> <ul style="list-style-type: none"> • Sue will update the Wrap Fund Request Form to include Informed Consent. <p>All CSNs are taking July off. Members will be notified of the new quarterly meeting schedule.</p>