

**Community Service Network 2 Meeting
CHCS, Bangor, Maine
November 18, 2008**

DRAFT Minutes

Members Present:

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| <ul style="list-style-type: none"> • Melinda Davis, AIN • Brent Bailey, Allies Inc. • Charlie Clemons, Charlotte White Center • Beth Brown, Care & Comfort • Thomas Lynn, CHCS • Dale Hamilton, CHCS • Joe Pickering, CHCS • Lonnie Plant, Choices • Vickie McCarty, Consumer Council System of ME | <ul style="list-style-type: none"> • Jill Peters, Dirigo Counseling Clinic • Jeremy Ashfield, Families United • Susan Buck, Fellowship Health Resources • Robert Mathien, Maine Mental Health Connections • John Spieker, Mayo Regional Hospital • Sue Rouleau, MDI Behavioral Health Care • Judy Provencher, Medical Care Development • Scott Dufour, NFI North | <ul style="list-style-type: none"> • Ellen Bladen, NOE • G. Kathy Smith, OHI • Barbara Kerrigan, Phoenix Mental Health Svcs. • Sharon Dean, Sunrise Opportunities • Lydia Richard, Together Place • Sharon Tomah, Wabanaki-Sweetser • John Edwards, WCPA |
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Members Absent:

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| <ul style="list-style-type: none"> • Acadia Hospital • AMICUS • Bangor Counseling Center (Excused Absence) • Behavioral Health Center • Blue Hill Memorial Hospital • CA Dean Memorial Hospital • Calais Regional Hospital | <ul style="list-style-type: none"> • Community Care (Excused Absence) • Down East Community Hospital • Eastern Maine Medical Center • Fellowship Health Resources • Maine Coast Memorial Hospital • Millinocket Regional Hospital • NAMI-ME Families (Joanne Martin resigned from this position on 11/22/08). | <ul style="list-style-type: none"> • Penobscot Valley Hospital • Regional Medical Center at Lubec • St. Joseph's Hospital • Sweetser • Together Place Housing Inc • Wings, Inc. |
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Alternates/Others Present:

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| <ul style="list-style-type: none"> • Gayla Dwyer, MMC Vocational Employment Coordinator | <ul style="list-style-type: none"> • Katherine Carter, MAMHS • Kelly Bickmore, APS Healthcare | <ul style="list-style-type: none"> • Vicki Karlsson, LCPC (private practice). |
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Staff Present: DHHS/OAMHS: Don Chamberlain, Leticia Huttman, Scott Kilcollins, Sue Lauritano, Mary Louise McEwen. Muskie School: Anne Conners.

Agenda Item	Discussion
I. Welcome and Introductions	Sue Lauritano welcomed participants; introductions followed.
II. Review and Approval of Minutes	<p>The revised September minutes were accepted as written. The October minutes were accepted as written.</p> <p>For the July minutes, a member asked that the crisis workgroup section be revised to state that "The CSN voted and approved a recommendation to have a provider participate in a crisis workgroup." Action: July minutes will be revised.</p>
III. Feedback on OAMHS Communications	<p>Lydia Richards asked if the crisis standards meeting taking place on November 25 was for a particular CSN or for the whole state. Don Chamberlain said that the meeting is statewide and its purpose is to go over Crisis Minimums and MOUs. This request was made at a November 12th meeting of the Hospital and CLASS Initiative Group. The meeting is scheduled for Tuesday November 25 from noon to 2 p.m. at 221 State Street. The primary audience is critical access hospitals or hospitals with psychiatric units. Those wishing to attend should contact Lorna Bullard of the OAMHS. Telephone phone in will be available.</p> <p>Action: Members should call or email Lorna if they want to participate in the meeting.</p>

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<p>IV. APS Healthcare</p> <ul style="list-style-type: none"> • <i>Review of Current Data</i> • <i>Discussion of issues including feedback on data entry</i> 	<p>Sue welcomed Kelly Bickmore of APS Healthcare to the meeting. Don Chamberlain presented the following:</p> <p><u>Summary Findings from Visits to Selected Mental Health Providers by Don Chamberlain, DHHS/OAMHS</u></p> <p>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 MHRTCs. • 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 Care Connections 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

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	<p>to set up a spread sheet to an agency in which all is computerized and can send out reminders.</p> <ul style="list-style-type: none"> • Everyone indicated that the reviewers and staff at APS were easy to work with and very professional. <p>Kelly disturbed four data sheets for member review: <i>Maine ASO Dashboard Report Adult Mental Health September 2008</i>; <i>Maine ASO Quality Improvement Program: Appendix C Fiscal Year 2009 Dashboard</i>; <i>Community Hospital Utilization Review Performance Standard 18-1,2,3 by Hospital: Class Members (4th Quarter, FY 2008</i>;; and <i>Community Hospital Utilization Review Performance Standard 18-1,2,3 by Hospital: Class & Non Class Members (1st Quarter, FY 2009</i>. She also distributed an <i>ASO Administrative Burden Issues and Solutions</i> form and encouraged members to fill out the form and return it by the end of November.</p> <p><u>Discussion</u></p> <p>One member said that as a therapist in private practice, she does not routinely receive information from APS and that therapists around the state want to give feedback and don't have the opportunity. Kelly said that anyone who wants to be added to the APS distribution list can be. Therapists in private practice who are affiliated with an agency should also be receiving information from their home agency, both Kelly and Don said. In addition, there is a contact us button on the APS web site, www.qualitycareforme.com</p> <p>Another member asked about whether APS is willing to do batch uploads. Kelly said that this request is under serious consideration and that while some providers favor this move others do not. Don said batch uploads are a uniform request of those with electronic records.</p> <p>Several members commented that since APS launched a year ago, there have been numerous changes, which have been costly for providers to implement.</p> <p>Other members noted that some of the changes recommended as a result of Don's site visits don't involve technology, but rather increasing the number of days allowed for registration of clients. Kelly said 15 days are allowed for registration with 5 days on either side of the due date for submission of continued stay reviews. Members suggested that the 5 days exclude the weekend and that the time be increased to 7 to 10 days.</p> <p>Other issues are driven by Department requirements such as updating the ISP every 90 days. Don said this requirement is in a large part driven by the Consent Decree. Don said at this point if the RDS is done at 90 days, there is not a great need for a continuing stay to occur at 90 days. Now the question is how to work this out.</p> <p>Regarding communication with APS, Kelly said that APS has a monthly conference call to address billing concerns and questions. Conference calls have also been held for IT and for service-specific changes. APS has scheduled a Maine Behavioral Health Data Forum on December 18 from 2 -4 p.m. Kelly said that APS could consider doing a monthly miscellaneous one if that would be useful to people.</p> <p>A member asked about the coordination between different offices at DHHS, such as OMS/OAMHS, Licensing, and APS. Don said in most respects there is not yet a lot of coordination and that most activity is centering around licensing. Kelly said that a representative from children's services, adult mental health, MaineCare, and the Commissioner's office participate in a bi-weekly conference call with APS.</p> <p>Members asked about APS procedures surrounding "holds" placed on cases under PA review. Kelly said when cases are put on hold, the onus goes back to the provider and the provider has 5 days to call back in. If there is an administrative denial for lack of information provided on a client, that is typically something that can be appealed.</p>

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	<p>Lydia said that AIN is hearing from consumers that providers are using treatment time to complain about the number of service units APS has allocated to serve the client. She said this represents Medicaid fraud. Kelly said it is certainly not APS' intention to have reporting requirements affect the client in this manner.</p> <p>Regarding the <i>Adult Mental Health Dashboard Report</i>, Kelly said that the new admissions to in-patient psychiatric services and the total number of discharges indicates that APS is not getting discharge data from the hospital at the same levels it is getting the admission data. This also applies to PNMI admissions/discharges. Don added that if you look at PNMI and CI data, the APS numbers reflect the length of stay since APS registered the person. So, a person may have been in the system for five years, but the APS data will only show the number of days since registration. Kelly said the large number of 18 plus new admissions reflects the registration process and not necessarily people new to the system. A member asked why the screening number for co-occurring is so much smaller than the service number; Kelly said OSA has asked for the co-occurring screening question to be put in the form, but some providers interpret this subjectively.</p> <p>Dale Hamilton said that poor data can lead to poor decision making and said some of the data represented in the dashboard reports should have asterisks next to it and not be seen as final.</p> <p>Kelly said that the data is a work in progress and APS is continually working on improving it. Within another six months to a year, APS will have a very good baseline. Currently, APS is focusing on working on consistency in reporting. General demographic information as currently collected is good. Don reminded members that data reflects APS and does not represent the total picture in the state.</p> <p>Action: Members should return the <i>APS Administrative Burdens</i> form by the end of November. Members are also encouraged to participate in the <i>Data Forum</i> in December.</p>
V. Budget	<p>Don said that there is not a lot of new news regarding the budget and that discussions are still continuing regarding budget reduction levels. OAMHS submitted its Quarterly Report to the Court Master with increased requests for community inclusion, BRAP, WRAP, out-patient services, and peer services. These are all additions to the base request. The DHHS Commissioner has been notified that she must save \$100 million for FY 2009. In addition, the MaineCare seed account is overextended. Curtailment discussions are also currently underway.</p>
VI. Consent Decree	<p>Leticia Huttman reported that the Quarterly Report is now on-line, including the additional budget requests put forward by the Department. http://www.maine.gov/dhhs/mh/consent_decree/November-2008/index.html</p> <p>She also said that the Court Master recently issued a ruling, a copy of which was provided to members, that finds that withholding services for clinically eligible non-class members would violate the parity provisions of the Settlement Agreement as construed by the Law Court as well as the Department's own comprehensive plan. The Court Master recommended that the Department reinstate service eligibility for these individuals and resume funding, seeking any necessary appropriations to provide mental health services included in the State's Medicaid Plan (i.e. community integration, ACT, daily living supports, skill development, out patient services, medication management, and residential treatment) for all persons who are clinically eligible, even though they may be financially ineligible for MaineCare.</p> <p>Don said that the ruling essentially eliminates the history in the state in terms of thinking in terms of class and non-class members with class members always having the priority. Grant funds previously restricted to class members will now be</p>

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	<p>used for both class and non-class, according to the ruling. In response to questions from the group, Don said that the class member designation still holds, but now has less to do with service delivery. The Department was trying to narrow the definition in terms of public service eligibility to those on MaineCare. The Court Master's ruling says that the Department can't do this.</p>
<p>VII. Consumer Council System of ME</p>	<p>Vickie McCarthy announced that a regional council meeting will be held on November 19th from 3-5 p.m. and 6-8 p.m. at the Bangor Motor Inn.</p> <p>In response to the Consent Decree discussion, Vickie said that in order for its mandate to be carried out and to promote a statewide consumer voice, people need to have the means and the systems to enhance their participation. "If you're just struggling to survive, you don't have the luxury of thinking how to make the system better."</p>
<p>VIII. WRAP Funds Proposal</p>	<p>Sue said that the Charlotte White Center has agreed to take on the administration of the WRAP funds without an administrative fee. She said that the group needed to develop a process for deciding eligibility for the funds. Some suggestions proposed by a Subcommittee that met to consider the issue are:</p> <ul style="list-style-type: none"> • Anything under \$500 can be approved by the person administering the funds. • Anything \$501 or more would need team leader approval. • Representation on Committee deciding the issue should be from consumer group and other provider agency. • Appeals could be heard on a designated day where the Committee would meet. • The CSN would receive a report every month about the fund disbursement. • Disbursement will be structured as loan with payment schedule. • New protocol will go into effect January 1, 2009. <p>Action: Members agreed to formally craft ideas generated above and distribute to the group.</p>
<p>IX. Report from Employment Specialist and Employment Service Network (ESN)</p>	<p>Gayla Dwyer announced that as of October 28, the Employment Specialist position for CSN 2 is vacant. She is actively recruiting for the position. The ESN is up and running and a consumer representative is still needed. Future ESN meetings:</p> <ul style="list-style-type: none"> • November 25 at the Career Center from 1 to 3 p.m. • December 30th at the Career Center from 1 to 3 p.m.
<p>X. Other</p>	<p>PNMI Provider Meeting: Scott Kilcollins reported on a PNMI provider meeting held on November 14th. Representatives from APS, MaineCare, and Rate Setting were there and were able to answer specific questions. The group has decided to meet on a quarterly basis. The next meeting is scheduled for January 9th from 9 a.m. to 1 p.m. in Conference Room 2 at the Poolar Building on the Dorothea Dix campus.</p> <p>One of the agenda items at the meeting was to review the state's standardized forms so it is uniform statewide. When completing a form, Scott said that it is critically important to fill in all information fields. Sometimes the LOCUS score, diagnosis and other key factors are left out. Also, the message went out clearly that if a consumer wants to go away for the weekend, he should not get the message that if he does, he will be discharged because he will lose his bed. Lydia asked who should be contacted if consumers and families continue to get this message regarding weekends away from a PNMI. Leticia said to contact the mental health team leader in the region.</p> <p>Peer Subcommittee: Leticia said that the Peer Subcommittee for this CSN will reconvene for the purpose of providing advice and direction for peer development work. If interested in serving on the Subcommittee, contact Leticia.</p>

Agenda Item	Discussion
XI. Public Comment	None.
XII. Meeting Recap and Agenda for Next Meeting	<p>See ACTION items above. WRAP proposal will go out Return APS form by end of November Call Lorna Bullard to participate in Crisis Meeting APS Phone Conference in December</p> <p>CSNs will not meet in December.</p> <p><u>January Meeting Agenda:</u> OAMHS Communication Legislative/Budget State Review of IMDs by Annette Adams Drug Disposal by Dr. Gressitt Consumer Council Update Employment Specialist and ESN Updates</p> <p>January meeting location: Meeting will return to Acadia Hospital</p>