

**Community Service Network 5 Meeting  
Ramada Inn, Lewiston  
November 19, 2007**

**DRAFT Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Jean Nielsen, AIN</li> <li>• Susan Bundy, Alternative Services</li> <li>• Craig Phillips, Common Ties MH</li> <li>• Dale MacDonald, Common Ties (100 Pine)</li> <li>• Dot Treadwell, Common Ties (100 Pine)</li> <li>• Mark Tully, Community Correctional Alt.</li> </ul> | <ul style="list-style-type: none"> <li>• Tracy Quadro, Community Mediation Services</li> <li>• John Carroll, ESM</li> <li>• April Guagenti, Evergreen/Franklin Memorial</li> <li>• June Watson, Friends Together</li> <li>• Christine Vincent, Lutheran Community Services</li> <li>• Bonnie York, Merrymeeting Behavioral</li> </ul> | <ul style="list-style-type: none"> <li>• Wendy Bergeron, Possibilities Counseling</li> <li>• Diane York, Rumford Hospital</li> <li>• Ric Hanley, Spring Harbor</li> <li>• Bob Fowler, Sweetser</li> <li>• Thomas Vurgason, St. Mary's/Sisters of Charity</li> <li>• Stephanie Crystal Wolfstone-Francis, TPG</li> <li>• Chris Copeland, TCMHS</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• AHCH</li> <li>• Beacon House Social Club</li> <li>• Community Concepts</li> <li>• Community Rehabilitation Services</li> </ul> | <ul style="list-style-type: none"> <li>• Maine Vocational Associates</li> <li>• OCMHS</li> <li>• Pathways Inc</li> </ul> | <ul style="list-style-type: none"> <li>• RM-Transitions Inc.</li> <li>• Rumford Group Homes</li> <li>• Supportive Housing Associates</li> </ul> |
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**Others Present:**

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| • Rebecca Chandler, Evergreen Behavioral Svcs | • Trena Jackson, Lutheran Community Services | • Andrea Krebs, Possibilities Counseling |
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**Staff Present:** DHHS/OAMHS: Don Chamberlain, Leticia Huttman, Lauret Crommett. Muskie School: Elaine Ecker.

<b>Agenda Item</b>	<b>Presentation, Discussion</b>
I. Welcome and Introductions	Don opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The October minutes were approved as written.
III. Budget and Legislative Update	<p><b>Budget Update</b> Don reported that Ron Welch attended meetings of the Appropriations Committee last week. Their efforts remain focused on saving funds to make up the current and anticipated revenue shortfalls.</p> <p>Craig Phillips said he listened in last Friday at the Appropriations Committee meeting, and reported that they voted to “move in” regionalizing case management. Don explained that “moving in” is only the first step and means the proposal will be considered, with many more steps remaining as it moves through the legislative process.</p> <p>The group discussed what the proposal actually is, who proposed it initially, and a general timeframe for implementation if it is approved by the legislature:</p> <ul style="list-style-type: none"> <li>• What is the proposal? One agency per CSN would provide all case management services within that CSN. That agency could provide no other services and could provide case management services in only one CSN. The number of case management providers would be reduced from 34+ to 7, with an anticipated savings of approximately \$300,000 in a full biennium.</li> <li>• Who proposed? Don explained that OAMHS receives requests from the Commissioner/Governor to generate numerous money-saving ideas, often on a very short timeline. This was “one of the proposals floated to the Governor,” which he chose to pursue.</li> </ul>

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> <li>• Timeframe? If approved by the Legislature, Don explained, the proposal would require a Federal amendment (waiver) to State’s Medicaid Plan and would also have to go through a Request for Proposal (RFP) process that DHHS would have to prepare. Both would take significant amounts of time before implementation could happen.</li> </ul> <p>A member cited continuity of care as one of the major tenets of mental health system, and asked for help understanding: 1) what it really means, and 2) how it relates to how things would be under this proposal. “Continuity of Care” will appear on the next meeting agenda for discussion.</p>
IV. Work Plan Subcommittee Reports	<p><b>Transportation Subcommittee</b> Stephanie reported the subcommittee recommends holding a general meeting for transportation providers, mental health providers, state people, and consumers to discuss various transportation issues, current resources, and ideas for expansion, adaptation, etc. They had hoped to hold it before—now looking toward first or second week in December. They need to find a large enough room to accommodate the group and would rather not meet at DHHS, since some are not comfortable meeting there.</p> <ul style="list-style-type: none"> <li>• A member suggested meeting at the B Street Community Center (free of charge)</li> <li>• Don asked that the subcommittee develop an agenda for this meeting and bring to the larger CSN for review before the meeting is held.</li> </ul> <p><b>ACTION:</b> Subcommittee will develop a written agenda and bring to the next CSN meeting for discussion.</p> <p><b>Hospitalization/ISP Subcommittee</b> Subcommittee members have been focused recently on the state reviews of Crisis Programs. They anticipate working on subcommittee issues during January.</p>
V. Psychiatric Advance Directives	Not enough time for this agenda item.
VI. Report from Spring Harbor on Gatekeeper Function	Not enough time for this agenda item.
VII. Other	<p><b>Budget Work Groups Update: Administrative Burden, System Redesign, Rate Standardization</b> Don said that the System Redesign and Administrative Burden groups were nearly finished with their work. He said one of the recommendations of the System Redesign work group is to eliminate Intensive Community Integration (ICI) Services. The recommendations of the Rate Standardization group are due in January, and those recommendations will be informed by those of the other two work groups.</p> <p>Ric Hanley, a member of Administrative Burden work group, reported that they were charged with finding \$1M in savings. He mentioned several areas of savings the group is considering, including changes to MAP Rules, protocols in emergency rooms, expanding use of Telemedicine, tiering of ACT reimbursement, granting “deemed status” to agencies accredited by other entities (would automatically meet state licensing requirements).</p> <p><b>MaineCare Section 17 Rule Changes</b> Mark Tully stated that he recently heard about changes to Section 17 for the first time from APS Healthcare, and asked “Why hasn’t it come up here?” He mentioned: Medication Management removed from Section 17 (remains in Section 65), and the addition of Certified Peer Specialist to ACT Teams. “Can we expect discussion at the CSN? Why so quickly done?”</p>

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	<p>Don explained that Section 17 had to be “opened” to put in prior authorization and utilization review, due to the new ASO. While open, it was decided to clean up language and make a few other minor changes. These changes were not viewed or intended to make any significant process or service changes.</p> <p><b>MOTION</b> (Passed): That the Department keep this CSN informed of regulatory changes under consideration.</p> <p>Don said OAMHS can do that for Sections 17, 65, 97, and licensing.</p> <p>The group continued to discuss the Section 17 changes and differences between Sections 17 and 65 services, with particularly in reference to Medication Management. Don said it was removed from Section 17 because the same service was duplicated under Section 65. Some disagreed that it was the same service, noting people with serious and persistent mental illness have very different needs and should not be restricted re: length of visit. (Section 65 allows 30 minutes reimbursement per med management visit; beyond 30 minutes is reimbursed at outpatient rate. Section 17 did not have that limit on med management.)</p> <p>The Department will not withdraw any of these changes to Section 17.</p> <p><b>Service Gaps</b> A member questioned whether these changes will result in new service gaps, and mentioned that it may be time for a new gap analysis. Don reported that the Court Master had three main criticisms about the July 13 Gap Report and requested that OAMHS respond to them by November 30.</p> <ol style="list-style-type: none"> <li>1. Failed to include housing supports: Daily Living Supports, Skills Development</li> <li>2. Did not address PNMI</li> <li>3. Provided no solutions to Medication Management gaps</li> </ol> <p><b>Compliance Standards</b> A member asked about the recent Court Order on Compliance Standards for the Consent Decree. Elaine will send a link to the document to all CSN 5 Members.</p> <p><b>ASO (Administrative Services Organization)</b> A member mentioned the letter CSN 2 (Bangor) voted to draft and send to the Governor, DHHS Commissioner, and Health and Human Services Committee, requesting a postponement of the implementation of the new Administrative Services Organization for a variety of reasons: inadequate time between APS Healthcare trainings and go-live date; probable difficulties with billing and MECMS reimbursements, etc. Don explained to the group that CSN 6 (Portland) also concurred with CSN 2 and voted to draft its own version to send to the aforementioned officials.</p> <p>CSN 5 members discussed how to join its voice to the request for postponement and also discussed adding a request that the Department provide interim payments for January in the event MECMS is not able to complete reimbursements under the new process.</p> <p>The members motioned, seconded, and passed the following, making this formal vote part of record and their official statement and recommendation to OAMHS:</p>

Agenda Item	Presentation, Discussion
	<p><b>VOTE:</b> To delay implementation of the Administrative Services Organization's procedure for 90 days.</p> <p>The members also passed the following motion:</p> <p><b>VOTE:</b> To formally request an interim payment procedure be put in place for January 1, 2008.</p> <p><b>ACTION:</b> Craig Phillips will draft a letter to the DHHS Commissioner and Ron Welch on behalf of CSN 5 regarding the request for an interim payment procedure.</p>
VIII. Public Comment	No members of the public made comments at this time.
IX. Agenda for Next Meeting	Continuity of Care Report from Spring Harbor on Gatekeeper Function Budget / Legislative Update