

**Community Service Network 5 Meeting
DHHS Offices, Lewiston
February 25, 2008**

Approved Minutes

Members Present:

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| • Jean Nielsen, AIN | • June Watson, Friends Together | • Bob Fowler, Sweetser |
| • Dick Willauer, Alternative Services | • Christine Vincent, Lutheran Community Services | • Stephanie Crystal Wolfstone-Francis, TPG |
| • Craig Phillips, Common Ties MH | • James Talbott, Merrymeeting Behavioral | |
| • Mark Tully, Community Correctional Alt. | • Bob Pontbriand, OCMHS | |
| • Tracy Quadro, Community Mediation Services | • Wendy Bergeron, Possibilities Counseling | |
| • April Guagenti, Evergreen/Franklin Memorial | • Ric Hanley, Spring Harbor | |

Members Absent:

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| • 100 Pine | • Maine Vocational Associates | • Rumford Group Homes |
| • AHCH | • Pathways Inc | • St. Mary's/Sisters of Charity |
| • Beacon House Social Club | • RM-Transitions Inc. | • Stephens Memorial Hospital |
| • Community Concepts | • Rumford Hospital | • Supportive Housing Associates |
| • ESM | | |

Others/Alternates Present:

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| • Rebecca Chandler, Evergreen | • Dick Balsler, MMC/Vocational Services | • Jennifer Kimble, MMC/Vocational Services |
| • Andrea Krebs, Possibilities Counseling | • Christine McKenzie, MMC/Vocational Services | |

Staff Present: DHHS/OAMHS: Don Chamberlain, Leticia Huttman, Lauret Crommett, Sharon Arsenault, Jim Braddick, Elaine Sewall, DHHS/Region II, LTES. Muskie School: Elaine Ecker, Nadine Edris.

| Agenda Item | Discussion |
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| I. Welcome and Introductions | Sharon opened the meeting and participants introduced themselves. |
| II. Review and Approval of Minutes | The January minutes were approved as written, with one caveat. Stephanie Crystal would like some additional time to review the Transportation Subcommittee discussion and will email Elaine with any proposed changes. |
| III. Budget/Legislative Update | <p>FY 2009 Supplemental Budget Don reviewed some of the cost-saving proposals, now in the legislative process:</p> <ul style="list-style-type: none"> • Annualization of FY08 Curtailments, i.e. 25% times 4 or 100% cuts in those certain general fund services: CI, ICI, ACT, outpatient, and other services MaineCare covers. • Streamline proposal: One CI (Community Integration) provider per CSN. This proposal would require a Federal waiver and an RFP process before it could be implemented. • \$150,000 saved by standardizing the amount of money consumers keep in PNMI settings. • Elimination of bed hold days (discussed last month). <p>Comment:</p> <ul style="list-style-type: none"> • I don't see how having one CI provider per CSN would save money. <p>Additional Revenue Shortfall Don reported that approximately \$95M additional revenue shortage has been projected—beyond the \$95M addressed in the FY09 Supplemental Budget—due to 1) changes generated by CMS (Centers for Medicare & Medicaid Services) in Targeted Case Management and the Rehab Option, 2) additional state revenue shortfalls.</p> |

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| | <p>OAMHS has three additional cost-cutting proposals under discussion:</p> <ol style="list-style-type: none"> 1. Elimination of ICI (Intensive Community Integration) service: Unbundle--CI and med management services still available separately. 2. Changes to crisis services: Consolidate adult and children's crisis services into one provider per area. (UPDATE: This proposal is not moving forward as described in the meeting, due to subsequent discussions with provider groups. More information will be provided at the March meeting.) 3. Outpatient rate changes and open service to private practitioners: Concept at this point—many issues to consider, including licensing, etc. <p>Discussion:</p> <ul style="list-style-type: none"> • A member asked for a complete list of services being cut, downsized, etc., by agency. A: FY 2008 curtailments were provided already, and FY 2009 information will be sent soon. <p>ACTION: OAMHS will email the complete list of FY 2009 Supplemental Budget mental health change proposals by service and by agency.</p> <ul style="list-style-type: none"> • A member asked why OAMHS doesn't get more input re: solutions or proposals from CSNs. Don said, "Some things happen so fast, we have to do it internally." The member responded, "If you called an emergency meeting, at least half a dozen of us would come. This is just not effective." • Another asked, "When is the Department going to stand up to this Governor and say there is nothing else to cut?!" • Marya explained the difficulty of getting current, accurate, timely information out—things change very rapidly and much of the information doesn't originate with OAMHS. She also discussed the various roles of the Governor (must balance the budget), DHHS (as employees, must come up with cost-saving ideas), and consumers, providers, and others (voice their input to the legislature). She also explained the complicated factors and influences involved in bringing about, and thus addressing, the present situation. Members expressed appreciation for that level of detailed information. • Another member described what's most discouraging: Occasionally hearing Commissioner Harvey make comments that intimate a lack of trust in the provider community. "We're not perfect, but we're probably doing a lot more right than we are wrong." |
| IV. Subcommittee Reports | <p>Transportation – Stephanie Crystal This subcommittee did not meet since last month. They will set up a meeting and report at the March CSN meeting.</p> <p>Hospital/ISP – Rebecca Chandler Rebecca requested that the ISP task be removed from this subcommittee. The subcommittee did some work on the hospitalization issues, but requested these tasks be tabled for now in view of the recommended changes in funding.</p> |
| V. Employment Service Networks | <p>Jim Braddick briefly introduced the presentation on Employment Service Networks, noting that he provided a more in depth description of OAMHS' employment initiatives at last month's meeting. OAMHS has contracted with Maine Medical Center Vocational Services to hire, train, and co-supervise seven Employment Specialists to work in each of the seven CSNs.</p> <p>Dick Balser, Christine McKenzie, and Jennifer Kimble from the Department of Vocational Services at Maine Medical Center made a presentation regarding the Employment Services Network project. The project is focused on increasing</p> |

| Agenda Item | Discussion |
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| | <p>employment and/or education opportunities for individuals with mental illness. There will be an Employment Service Network (ESN) in each CSN region. The ESN will be made up of: a CSN Employment Specialist (ES), the ACT ES in that region, a Bureau of Rehabilitation Counselor, a Community Work Incentive Coordinator, Consumer from the Statewide Consumer Council, a Disability Program Navigator, Apprentice representative, and the Long Term Employment Support Coordinator for the region. Employers will be added to the ESN once it is established. Performance indicators for the project were shared. The Employment Specialist in the CSN will be a member of the CSN and will report the outcomes for the project monthly in the CSN meetings. Information from the Department of Labor about the job growth, employment opportunities, and trends will be used by the ESN for each region.</p> <p>Christine distributed copies of the letter and application form MMC sent out for agencies to use if they wish to be considered as the host agency for the Employment Specialist. The materials explain the responsibilities of the host agency as well as those of MMC Vocational Services.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Is this project going to be merged with MMC’s current vocational program and/or operate under the same guidelines? A: No, two separate entities. This project is meant for those clinically eligible for Section 17 services who are not getting employment services anywhere else, including those on the DVR (Dept. of Vocational Rehabilitation) wait list. Eligible consumers on the DVR wait list may choose to receive services from the ES instead, though wait lists will not be eliminated since there are 250 people currently waiting for vocational services. • A member expressed concern about the role of the ES, in that the ES should be “100% for the consumer only” and not try to play a dual role with employers and consumers. Several responded to assure and explain that the consumer comes first and their choices are honored—by the ES as well as by the long-term support workers. • The service provided by the ES is the same/similar to that given by DVR—job development, placement, etc. • The Long-Term Support program provides support for person to remain employed. The criteria: 1) person is employed, 2) clinically eligible for Section 17 services, and 3) needs support to maintain job. OAMHS has provided this service for more than 10 years, though it has been typically underutilized. • MMC Voc Services will present this initiative to the Statewide Consumer Council on March 15. |
| VI. Other | <p>Rule Change and DLSS – DHHS Guidance (requested by member)</p> <p>The group engaged in a lengthy discussion about the service changes in the Rehab Option and other likely changes to Section 17 case management services (in light of changes to Section 13 Targeted Case Management). Highlights:</p> <ul style="list-style-type: none"> • Redefinition of “rehab” – need to demonstrate ongoing progress, not maintenance, toward specific goals in the person’s ISP. PNMI’s can only bill MaineCare for those treatment/rehab services—no personal care or room and board. • Restructuring many services now billed under personal care as ‘learning to do personal care’ could arguably be billed as a treatment/rehab. Presently not sure what will be done about funding those items still left under personal care. • No set implementation date—CMS is working with states to make the changes. • Though changes are on hold at this point, Section 17 case management services will likely need to comply with the changes made to Targeted Case Management. Case management, rather than the current psychosocial model, will be defined to assess, develop a plan, and broker services only. OAMHS is working now on ways to continue to provide and bill for some of the additional things case managers do—perhaps as skills development or daily living skills? |

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| | <p>Comment:</p> <ul style="list-style-type: none"> The element of teamwork starts eroding, when broker services here, provide services somewhere else. <p>Billing Maine Care for more than 16 hours of DLSS and/or CIS services in one day (requested by member) Mark Tully asked for assistance: Agency received authorization for more than 16 hours of services from APS Healthcare, but MaineCare won't pay for more than 16 hours.</p> <p>Marya said she thinks the APS authorization would override MaineCare "edits," but will look into that with APS Healthcare. Mark wants to make sure claims are not denied.</p> <p>ACTION: Marya will look into the situation described above with APS Healthcare and MaineCare.</p> <p>Spring Harbor – Gatekeeper Report Ric Hanley of Spring Harbor distributed copies of the most recent Riverview 'Gatekeeper' Activity report.</p> |
| VII. Public Comment | No comments were made by members of the public. |
| VIII. Agenda for Next Meeting | Budget/Legislative Update Transportation Subcommittee Report Rule Changes Update (member asked that this be a standing agenda item) |