



Maine Department of Health and Human Services

Office of Adult Mental Health Services

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Brenda M. Harvey
Acting Commissioner

John Elias Baldacci
Governor

Sharon Sprague
Acting Mental Health Director

May 3, 2006

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Dear Sir or Madam:

The purpose of this letter is to address the issue of case management assignment and discharge planning at state and community hospitals, including Spring Harbor and Acadia.

As stated in the June 30, 2005 Department of Health and Human Service's (DHHS) Consent Decree Plan under the Community Support Services and Role of CSW;

'Individuals are discharged from inpatient and crisis services to community support services. To assure appropriate linkages, CSWs must participate in hospital and crisis treatment and discharge planning. Their participation includes providing the hospital with the ISP to assure continuity of care. **These functions are billable under MaineCare, except that in Institutes for Mental Disease, CSW participation is supported by state grant funds.** As defined by MaineCare rules, a CSW identifies the medical, social, residential, emotional and other related needs of the member; performs a psychosocial assessment; develops an ISP; links to the services and supports identified in the plan; participates in ensuring the delivery of crisis intervention services; assists in exploring less restrictive alternatives to hospitalization; initiates an ISP; makes contact with other professionals; contacts family members; monitors service provision; evaluates service provision; provides information, consultation and problem-solving supports; and assists the individual in developing communication skills.'

The plan states further that

' CSWs play an important role in assuring that services identified in the client's ISP are provided consistent with a client's changing needs. **CSWs follow the client in whatever setting or service necessary, including hospitals and jails. DHHS has committed to reimbursing these admission and discharge services in non-MaineCare reimbursable settings. It is the responsibility of the CSW to contact crisis or inpatient services in order to provide follow-up services and plan to avoid future use of these services to the extent possible. CSWs are responsible for assuring that resources and supports are committed to supporting the consumer's self-determined goals and for documenting what has been provided.'**

It has been my experience participating in Riverview Discharge Planning meetings that providers are not meeting these expectations. It is imperative that provider leadership understands the necessity of complying with these discharge-planning requirements, not only to achieve Consent Decree compliance but also to provide quality services to all consumers.

DHHS expect community providers to engage in discharge-planning processes in a proactive manner beginning the day of admission to the hospital. Community providers need to use their contract funding for discharge planning purposes. Agencies that have depleted their grant funding are required to notify their Regional Team Leader and discuss their need to bill the Department for grant funding to provide discharge planning. The Team Leader will approve the provider's need to bill for services. Should you have any questions regarding these expectations, please contact your Contract Administrator, the Mental Health Team Leader in your region.

Sincerely,

Sharon Sprague
Acting Adult Mental Health Director

cc: Daniel Wathen, Brenda Harvey, David Proffitt, Mary Louise McEwen, Margaret Rode

Our vision is Maine people enjoying safe, healthy and productive lives.