

DHHS / OCFS / CBHS PROVIDER MEETING MINUTES

Districts 3, 4, 5

July 22, 2010

Nadine Martin: Opened the meeting and reminded providers to make sure their agency information is current on the CBHS website. This information should be correct and include your agency contact along with the location. Please assign someone from your agency to oversee this process since families in the community will be using this site from time to time, and may attempt to contact you for more information. This is a good resource for your agency and it is absolutely free.

Doug Patrick; Central Office Updates

Developmental Therapy – Sec. 27 moving to Sec. 28. Central Office is working on a procedures document that should be completed by early next week. Sec. 27 will be ending on the date that MIMS goes live which we believe at this time will be September 1st.

It is anticipated that at this time children receiving Early Intervention Services under Section 27 will be transferring to Section 28 RCS services and will be entered into the MIMHS database by the CBHS staff. It appears that APS will be managing the School Based Services, but there are a lot of unanswered questions.

Some flex fund \$'s will be made available for those needing services (Outpatient, Sec. 65 or other services) who don't have coverage with Maine Care or other insurances. A current form is on the web. It will require a signature of the provider. The child may be allowed up to 18 visits. We will not pay co-pay section. The fees will still be on a sliding scale with the parent assuming a portion of the fees and our department will be take responsibility for the other portion.

Managed Care Service is out for a RFP. Stakeholders will be contacted for input.

Question on the status of whether a child can have a TCM if there is another CM involved. Ans. They may have a second CM if the team decides it is warranted. The children with a MR diagnosis may a TCM involved especially when the primary (Child Welfare) Case Manager is not comfortable with needed MR services.

Question on the new rates for the children moving from Sec. 27 to Sec, 28. The rates appear to be less. There is a hearing on August 4th at the Statehouse. Please bring concerns forward at that time.

Question on who is doing Assessments for Section 27 (Development Therapy) and whether the department is doing the Vineland. Ans. These assessments are not billable entities unto themselves.

Question: Does the “Bailey” that is done as part of an OT assessment qualify for the service? Possibly.

Question on BHP training. Is it abbreviated now? We have to work on that with BHSI and with DOE on that training.

Section 28 is open for comments at this time so please go on line and make your comments.

Jeanne Tondreau: CBHS Flex Funds, Protocols and Updates

These funds are for things that children with special needs might need above and beyond what the normal child would need. Example: Parents pay for Drivers Ed. for their children. If you decide you want *Drivers Ed* for your child with Special Needs, the parent would be responsible for that training just as they would be for a child with no special needs.

Current forms are on the web. <http://www.maine.gov/dhhs/ocfs/cbhs/index.shtml>

The form needs to be filled out completely: Things needed: the Case Manager’s name and phone number; the name of the vendor with a phone number, address, signature and VIN # or W-9. In addition they must have an order form. CBHS can not do internet ordering. If that is the only way to purchase, the agency would assume payment and bill us.

All requests must be pre-approved. If you have not received approval from us prior to the event you will not be paid. Any requests sent in after the event will be refused!

Requests should be framed in such a way that we understand why the product or service is needed to reach a goal in the Service Plan. Submit the goal (the whole plan or folder on the child is not needed and indication of the goal and how the funding will help reach the goal, will be a part of the application process.

1 – 1 for camp or activity. The limit is \$300 for this year. There is a One to one Aide Billing Form that must be signed by the guardian. The parent is responsible for finding the aide. The aide must be 18 years or over and must not be a family member. The parent is also completely responsible for whatever happens while the aide attends the

child. CBHS is not responsible for anything that might happen to the child or the aid during the activity and the guardian must sign assuming all responsibility. CBHS will only provide the amount of funding for the service through the parent or guardian.

Equipment. Documentation will be needed to let us know why the child needs any unusual equipment, what the expected use is and how long the equipment is expected to be in use. When ordering – make sure everything that is needed for the use of the equipment is included – ex. hardware, extra mats, any extra parent training in the use of the equipment, etc.

For Conferences. List all sources of funding. Make sure there is a parent contribution included in the packet.

For Any Activity. This should not be a one shot deal but something that is considered a benefit in the long run.

All forms are on the web. They can be filled out on the web and are much easier for us to read when providers submit typed copies.

Phone numbers: Jeanne 624-5265
Lynn 624-5263
Nadine 624-5257

Bills for the last fiscal year should be sent in immediately.

Jonathan Leach – Respite. Monies for this year are available. Families are able to receive up to 192 hours of respite and possibly more for a unique non-reoccurring event. The Children’s Center manages respite for Districts 3, 4 and 5. The Children’s Center also manages a fund capped at \$200 for recreational purposes. You may reach the Children’s Center at 626-3497 or through their website www.shildrenscenteraugusta.com for further information.

Lisa Brown, Children with Special Health Needs Program -287-5349: This program serves the entire State of Maine, and Lisa will help get funding for families with MaineCare. She tries to hook people up to resources whenever the family calls her. It was noted that there is funding for genetic testing. This program serves birth to 20 years of age. They have a program for services and treatment for infants, children and youth with cleft lip/palate deformities. This program will provide hospital / home visits for families. They will also provide feeding assessments and a special bottle supply. They do care coordination, parent to parent support, and have a clinical care team. There are Cleft lip and palate clinics in Bangor and Portland. For information on this program call 1-800-698-3624.

They have a Maine Birth Defects Program that works with hospitals, primary care providers and other health providers who diagnosis birth defects. They assess the impact

of birth defects on Maine children and their families, and improve access to specialty services for families. They will locate resources for emotional and economic support for families in need. They track the following birth defects: Major heart defects, neural tube defects, cleft lip and palate, reduction deformities, hypospadias, and down syndrome.

Kelly Parnell, APS Healthcare – 1-866-521-0027: APS has a care management position open. They are working on the conversion process so that re-registration is automatic. There will be upcoming trainings on this topic. Clinical trainings for continued stay will be upcoming. It is anticipated that Section 65 school based services are coming by September 1st. There will be two codes. Training is being done with personnel. They will get enough units to last the whole year. They will be getting day programs.

There will be fresh authorizations for children already in service. They will be receiving new authorizations and July 1st will be date for reauthorizations. You will get a year from the start date. So if they have been seeing multiple providers, the start date will start from when they were first seen by the first provider. Clients can't get more than 72 units. They will do trainings for staff as well as technical training. Contact Kelly Parnell for trainings. If there are any issues with cases let her know. If there are provider relation problems contact Rita Shavalis at APS

Claudia Bepko, Cosig Coordinator – 287-7360 – This is part of the DHHS / COSSI & Contract Obligations. The grant for the co-occurring capability recently finished its formal wrap-up on June 25 at Maple Hill Farms in Hallowell, Maine. The grant was to end on August 31st but money has been procured to extend it for another year.

The goal of DHHS is to have all providers become co-occurring disorder capable. There will be training available for all providers in the next year. The training is free to all providers and staff will come to agencies for further discussion / training if requested. In the coming year there will be new topics to focus on, and developmental disabilities are one topic to be developed this coming year. There will be co-occurring integrated services in all aspects of the health care setting.

Co-occurring capability is in the CBHS contract section of Rider E, and providers should be familiar with these departmental requirements

AC-OK (which stands for Andrew Cherry / Oklahoma) is a standardized COD-C screening process for identifying people who have experienced trauma and other diagnoses. Providers need to take steps toward competence and provide documentation which are kept in the agency files. Things to focus on are primary care models, define how services get paid for, training for providers about what co-occurring looks like. You can go to the web at <http://www.maine.gov/dhhs/cosil/index.shtml>. for additional information regarding the co-occurring initiative. There are many examples of integrated co-occurring services on the web. Agencies need to be taking steps to be co-occurring capable. Services will incorporate substance abuse and mental health disorders. It is certain that patterns, systems, behavior will be different than if there is

only one issue. Providers will need to know how substance abuse affects the mental health issues. Standard screening process needs to be done. Preliminary data on prevalence will have data on compliance. How many people that you are seeing have had issues with trauma? It is important for providers to perform self assessment on their own organizations. Ask, "Where do we stand at this time?"

Compus e-z can be used. Information can be found on the website. Research is worth while doing on this topic. This process is meant to be done as a group to assess how co-occurring capable you are. Don't refuse services to people who have a co-occurring condition. It is anticipated that as an agency you will be responsible for assisting the individual to obtain the services needed to be a healthier person..

A-Sam is another assessment that can be given.

AC-OK triggers you to look more closely. You need to change your thinking about co-occurring disorders. You need to develop a treatment plan that is co-occurring.

Next Provider Meeting: October 21, 2010