

Residential Workgroup Minutes August 3, 2009

Attendees:

Claretta Witherspoon, Kelly Crowley, Kelly Crosbie, Carolyn Wiser, Will Woodell, Laura Beaver, Bob Hedrick, Nancy Cleghorn, Ranota Hall, Mark Upright, John Koppelmeyer, Cliff Parker, Karen McLeod, Annie Smith, Tara Fields, Rob Turner, Thomas Smith, Grayce Crockett, Nancy Coston, Yvonne Copeland, Ted Lane, Leza Wainwright, Jim Jarrard, Tara Larson, Deby Dihoff, Dave Peterson, Catharine Goldsmith, Jay, Coughenour, Stephanie Alexander, Chris Simmons, Tanya Simmons, Bob Hensley, Teresa Rowe, and Yvonne French.

The July 20th minutes were approved. Handouts were distributed which included the Agenda; the draft Service Definition for Professional Treatment Services in Facility-Based Crisis Program-Children and Adolescents, The Endorsement Check List and Endorsement Check Sheet Instructions; Transitional Placements Subcommittee Level III and IV Residential Workgroup Minutes and Recommendations

Update on System of Care Coordinators Activities/Data:

The LME System of Care staff in every LME have been convening meetings for planning and triage purposes. They have received all of the information that the residential workgroup has had, for example the DSS list, risk assessment data and notes how to interpret, letters that have been mailed etc. The discharge and child family team processes should continue as usual. Conversations have begun on how to merge data, it will be time consuming and the goal is to get the information in one area. Tonight the Wake LME is having a family meeting for parents who have kids in Level III and IV's; they will be learning about and discussing alternative services.

It has been discovered that some of the kids are not showing up on lists, for example Pathways found 17 that were not on the list. ValueOptions said this may be because of gaps in authorization or some names came in after the list was done. VO will follow up on the kids that are in pending status and get a count.

The LME is being asked to do a "paper triage" on the children/adolescents, at the present time 50% have been triaged and this is to be completed by September 30th.

Update on Child Facility Based Crisis Definition & Endorsement Update

Comments were received from the last two weeks and changes were made. There were some changes made in staffing requirements and discussion about a requirement for face to face encounters with the MD was raised today. It was decided the MD would provide face to face encounters 5 times per week per program. Comments in the UM Management were made and changed. There is a difference in prior authorization requirements for Medicaid and State funded services. Medicaid prior authorization is not required for the first 3 days however; prior authorization for continued service must

be requested on or before the 3rd day of services. In the section Service Exclusions/Limitations, transitions was removed, there will be no billing for CS, MST, IHH or targeted case management when the child/adolescent is in the facility. Discharge planning will be done by the Child & Family Team

The group discussed the endorsement checklist and some modifications were made. The changes that were made will be sent out, will get feedback and this will be processed. The final copy will be sent out to the work group and then posted on the web.

Sub-Committee Reports:

Transitional Placements:

There will be a number of kids for whom temporary residential placement is the only option; these are kids with special problems; hard to place kids for example, sexually reactive perpetrators, RAD, dually diagnosed (MI/MR), substance abuse, severe conduct disorder/juvenile justice involvement etc. The transitional services sub-committee made recommendations for an intensive short term use of residential services. Please refer to the handout for further recommendations. Discussion followed on defining the transitional activity, for example how would providers of this service be determined, a plan would need to be in place. The LMEs should know where the kids would need to be placed. Work will continue to address issues related to operations and implementation of this recommendation.

ValueOptions:

There is a need for required information on requests submitted in order for the PA process to be efficient. It begins with the Child & Family Team. VO is having problems now getting sufficient information that is needed to approve a request. A suggestion was made to provide training to the Child & Family Teams. There will be a NAMI conference Oct 16th and 17th at the McKimmon Center in Raleigh that will be informational on an overview of what is going on across the states.

Guidance to the Field:

Tara and Lisa will follow up with LMEs individually and systematically. Endorsement is not to be pulled unless there is the need, follow the endorsement policy. There has been a recommendation that the rule be changed for PRTF's to operate with 18 beds instead of 12.

Workgroup Closing Comments:

This is the last meeting for this workgroup. Revised changes will be made on the endorsement checklist and service definition. Information from the workgroup will be posted on DMA's web site. Email Tara and Lisa with any issues that come up. The

workgroup on Community Support Services will start meeting this week and there is a Consolidation of Case Management workgroup meeting also.

Upon finalization of Legislative Special Provisions language, DMA and DMH will develop implementation time lines and activities, which will also be posted DMA's Website.

DMA and DMH appreciate the time and effort of the workgroup members and their input into this important initiative.