

**Care Coordinator Supervisors Meeting, 9/4/19**  
**BHA Campus, Catonsville, MD**  
**MEETING MINUTES**

- I. **The function, purpose, and aspiration of this reserved meeting time** is to be a time facilitated by representatives of the University of Maryland Baltimore where statewide care coordinators could come together, serve as a resource for one another, celebrate successes, troubleshoot challenges, and uncover the most prominent needs.

*The following action items from last year's meetings have been accomplished:*

- Existing training modules have been organized into topical clusters
- “Knowledge quizzes” that assess staff areas of relative strength and need and directs them to recommended modules based on need have been added
- Assess strengths and needs and provide recommendations to relevant modules to help refresh or improve knowledge in a specific area
- Understanding and tracking what staff have completed which modules on what dates is now possible
- Two entirely new modules have been developed:
  - Understanding the 1915i Program and its Practical Implications for Youth Care Coordinators
  - Supervising Youth Care Coordinators: Guidelines and Best Practices

- II. **Candace and Lindsey provided a brief refresher on TCM Plus.** Once a provider sends a referral to Candice, she:

- Confirms receipt of the referral from the CCO
- E-mails the authentication out to CCOs
- E-mails the authentication to Maryland Coalition of Families (MCF) to offer peer support services up to 12 months, authorized in six-month intervals. *Separate referrals don't have to be made to MCF and other peer support services.*
- Distributes customized goods and services protocol to CCOs (see handout)

Billing for these services is through Harford County Core Service Agency (CSA), at a rate of \$1,255.63 per month (\$41.19 per day). Services are billed on a monthly basis to the CSA, per number of youth involved and how long they are enrolled. Providers are to subtract the daily rate from the total monthly fee for partial months. Candice provided a Flow Sheet for Referrals and an updated copy of the Referral Form, both of which are attached to the minutes e-mail.

Candice emphasized the importance of *starting clients on services immediately*, so that they are not occupying a limited active slot. Students are missing out on services because of the waitlist. *Send your monthly reports to Candace to ensure accuracy.*

III. Joanna Joasil, Director of Clinical Services,  
Beacon Health Options (BHO) Representative

- a. CCO and 1915i
  - i. 1915i is an intensive wraparound service with a small number of participants. 1915i changes on October 1 to broaden and accommodate for cases where TCM and PRP is needed.
  - ii. BHO's contract as ASO will end on December 31<sup>st</sup> and they will stop communication with providers at this time. Authorizations will be sent through a new provider (Optimum Health Systems), and additional information will be distributed through a "provider alert".
  - iii. **Ensure you have signed up to receive provider alerts.** The transition occurs January 1<sup>st</sup> 2020, however many steps have already begun.
  - iv. Consider attending (or sending a representative to) **provider counseling meetings** with BHA and Medicaid representatives to stay up-to-date and give feedback about difficulties or concerns you've experienced.
  - v. Next provider meeting: 1099 Winterson Road, 10:00am - 11:30am Friday, September 13<sup>th</sup>
  - vi. The new medical director will be Dr. Maria Radowski-Stanco, MD
    1. A main priority is to improve communication between PRPs and CCOs
- b. Targeted Care Management (TCM) serves two populations (Adult; Child/Adolescent)
- c. TCM is assigned at three separate levels of intensity for children/adolescents
  - i. (General; Moderate; Intensive)
- d. TCM (General) and PRP services are not typically rendered simultaneously
  - i. Care coordination should be the preferred service when given the choice between PRP and TCM.
  - ii. If a provider feels that these services are justified, they should reach out to their treatment representative or care manager.
  - iii. All information for justification should be entered up front and the provider should acknowledge that this is an exception and not typically approved.
  - iv. For these services to both be provided at the "General" level of care, a case must be presented to the BHO Psychiatrist who must decide whether the case provides justification to allow an exception, or whether the degree of TCM services should be elevated to "Moderate".
- e. Clients assigned to Moderate (Level 2) or Intensive (Level 3) TCM services automatically receive PRP services simultaneously.
- f. Barriers and challenges:
  - i. Release of Information (ROI) not in place
  - ii. Difficulties in communication among staff after changes in TCM and PRP policies



1. Staff turnover has resulted in delays
2. TCM is being handled by one clinician
3. PRP is especially high volume and are taking upwards of 1 month.
  - a. Request an escalation if necessary
  - b. Be mindful and prioritize initial requests/oldest cases first.
- iii. Collaboration information submitted improperly
  1. Collaboration information between providers ought to be shared with BHO so that they know to communicate with both providers. **Document this information in the narrative.**
  2. During the Child and Family field meeting, enquire whether they are working with other providers
  3. If there is a conflict due to multiple open authentications, the new request is voided and a notification is sent to the provider.
    - a. There cannot be authorizations for the same level of service through multiple agencies
    - b. *Make sure to discharge your clients from services*
    - c. Ask the member to call and have the conflict discharged with a customer service representative (1-800-888-1965)
      - i. Keep track of the reference number and when the calls occur
      - ii. Call with the parent if able
- g. MABA (MD Association of Behavioral Health Authorities) Meetings
  - i. At CSA and LBH meetings changes were share about behavioral health policies and procedures
    1. The expectation is that information is being shared within organizations
    2. Lindsey is working with Heather Dewey from the Behavioral Health System of Baltimore to prevent gaps in communication regarding policy changes.

IV. Points of discussion from audience:

- a. It can feel as though Health Departments may focus more on the physical aspects of treatment than on mental health concerns.
- b. Adults that elect PRP services but are in TCM
  - i. Make sure that PRP is aware of TCM services
  - ii. Discharge the TCM, process the PRP at BHO
  - iii. Use Intelligence Connect to track open authorizations
  - iv. Re-address conflicts of authorization
- c. There is lack of clarity regarding accepted provider credentials
  - i. E.g. Outpatient Mental Health Centers (OMHC) prefer LCSWs, are LMSWs sufficient?
- d. 1915b is up for renewal with Centers for Medicare and Medicaid Services (CMS). Look out for:
  - i. Updates for regulations
  - ii. Updates for credentials

V. Calendar invitations for upcoming meetings have been sent. If you did not receive them, please reach out! Meetings are scheduled to always take place from 10:30am-11:45am at the BHA Campus in Catonsville. Specific room and building information will be sent with the agendas prior to the meetings. The dates are as follows:

- a. Wednesday, November 13<sup>th</sup>
- b. Wednesday, January 8<sup>th</sup>
- c. Wednesday, March 18<sup>th</sup>
- d. Wednesday, May 13<sup>th</sup>

For those of you who cannot attend in person, here is the **phone dial-in information:**

**Phone # 712-432-6340 | access code 270273#**