Residential Provider Monthly Meeting Notes – May 4, 2023

Cornerstone Support Services: Desmond Mathews – CEO

* Overview Cornerstone and Support Services and Programs –
  + Licensed therapist mental health,
  + Urine testing and
  + Mental health therapy for feds.
  + Mental therapy for coroners, DCS –
  + HB, skills training,
  + ESC,
  + Visitation,
  + Starting a new group home,
  + Medicaid mental health therapy.
  + New adm. headquarters off Keystone Ave.
  + Admissions Criteria – ESC and High Acuity ESC – all male ages 10-15 – currently operating 2 group homes.
  + New administrator – Dr. Haisley – point of contact for admissions/referrals – email in chat.
  + What makes Cornerstone Support Services special?

Question –

* + - How many beds available? – currently at capacity.
    - What is the wait list? – depends on discharges and planning for discharges. Would have opening in about a week.

Maximus Data: Chelsea McCracking – Program Manager – running 30 day assessments for QRTP – email in the chat

* April Data Points - presented charts on data
  + 80 assessments
  + Outcomes – 60 were approve for QRTP
  + Types of assessments – initial, reassessments
  + Demographics
  + Trends? –
    - Having good response from providers.
    - Assessments first go to independent contractor and have 7 days to complete so the assessments can be reviewed for determination. If hear someone from Maximus is calling, completing the assessment needs to be done timely.
    - For youth in D&E important that FCM has a copy of the evaluation to assist in completing the assessment within time frames.
    - If receive a determination and feel it doesn’t’ match, the FCM can request a consideration within 15 days. Need to have specific on what the question is and what is missing. Provide information to support the request. If there is a change the treatment team will receive a new determination
  + Reach out to Residential Licensing Specialist if need to contact Maximus.

Neuro Diagnostic Hospital: Dr. Miller - Child and Adolescent Psychiatric Supervisor

New LaRue Carter

* Be timely using resource available and not having a youth in a state facility for long period of time.
* Attempt to stay under 6 month stay.
* Work that youth can be integrated into community setting.
* Assisting families.
* Collaborate with DCS, CMHI’s, setting up weekly meetings for the youth, more care oriented to discharge youth to appropriate settings and be successful.
* Typically the high acuity youth.
* If a youth in NDI and need to transition to residential, doors appear to be closed for consideration. Would like to bridge that and if anyone can assist that would be appreciated.
* Question –
  + Do all referrals have to have a full battery of testing – not true. The CANS holds a lot of weight in considering referrals. Good records that support the CANS especially for 5-6 score or above is generally what is required to make a referral.
  + Providers prescribing Clozaril – are there issues when prescribed. In some facilities physicians will not prescribe

Discussion of services & relationships with NDI & Child Welfare

* 1. Integrated Care Team and their Role with complex & high acuity youth
* Introduction of Supervisor: Rebecca Roy - Rebecca.roy@dcs.in.gov - Integrated Care Manager – previously worked with Community Mental Health, working with hospitals and residential facilities.

Residential Licensing: Ashlee Prewitt since December 2022

* Team Updates – Residential Licensing Specialist being added to central region – Anna (Maria) Lankford starting 5/15/2023.
* Transitions of Facility Assignment of Licensing Specialists – will be more as Residential Licensing team grows and more facilities are licensed. Assist with being more available. Can reach out to Rick, Blake or Ashlee with questions.

Residential Contract & License Audit Trends 2023

* Looking into the QRTP designations.
* Have seen uptick in need for license physicians to complete EPSTD.
* Background Check – names missing, i.e., maiden, middle. For the court records. Need completed prior to hire. Complete for everyone within 365 days or relicensure.
* Need to have representative from educations, nursing, etc. participating in treatment plan development.
* Questions –
  + Can nurse practitioner complete what is required to done by physician by code?
    - Code will be added to the chat.
    - Also, in provider contract in point #4.
    - Nursing cannot do assessment and then doctor sigh off.
  + What about follow up medical care? –
    - Can be done by the other options and not always the physician.

Compliance Points & POCs –

* Working on the step between being compliant and a POC.
* Are working on process to identify a non-compliant point.
* Would not require a POC but identify a point that needs to be fixed.
* Will be providing more information with examples in the June meeting.

New & Ongoing Licensing Mentor Workgroup – Will be starting in the next month or so. If are interested in helping new facilities reach out to Ashlee or through residential email. – email in the chat. Let Residential Licensing know by May 30th.

Support for new & upcoming Residential & ESC Programs -

OIG Report & DCS’s Response: Crystal Byrne

* Residential Licensing Manager, Ashlee Prewitt will send TEAMS Meeting Invite.
* Process & Procedure Outline will be provided and sent.
* 90 Day In Person Review for medications of youth in Residential.
* Contract changes effective 4/1/23: Residentials will upload these forms into the IN DCS-Case Management System.
* In response to the 30 day paper review and 90 day in person review – Ashlee will send out meting invitation for June and go over DCS plan for providers to upload into KT then will be IKIDS. Keep a look out for the meeting. Will then be issuing a document with details and information.

D&E Extensions: Andrea Hoffman

* 1. - Extension requests go to Andrea Hoffman - Andrea.hoffman@dcs.in.gov
     + 1. - Should not be getting a new ICPR
  2. - Implemented in May 2022.
     + - 1. - Submit request if D&E can’t be completed or if youth is remaining and can’t be discharged to recommended placement or if finished and moving to another unit while waiting. Send request to Andrea with resident
  3. name, DOB, reason for request and length of extension.
  4. - Submit within 5 business days prior to end of ICPR – process in chat
* reach out to Andrea or Residential Licensing Specialist with questions.
  1. - The problem is trying to solve resulting in this implementation.
  2. - Have youth completing D&E or have completed. Have found new ICPR were being created and looked like youth in D&E or residential environment.
  3. - Need to be able to know which youth are designated in residential or D&E program.
  4. - Requires the information for need of extension from the providers.