



Consumer Council System of Maine

A Voice for Consumers of Mental Health Services

www.maineccsm.org

**CCSM Issue Subcommittee
Section 17 Flexibility of Care Revisited
First Draft 5/2020**

The Issue:

Five years ago, the CCSM Issues Subcommittee submitted an issue statement to the Commissioner of DHHS addressing the need to look at case management and community integration eligibility rules that did not provide a way for people to move in and out of this service as needed. Since then nothing has been done to address this issue, thus we are bringing it to the forefront again.

Currently, the rules regarding Section 17 do not allow for the flexibility of case management and community integration services to work well together to meet the needs of individuals in these services. Many get to a point where they no longer need case management services as frequently yet are forced by an inflexible system to continue regular contact or else be required to jump through challenging hoops to continue services. This often leaves people trapped in unneeded services, sometimes for years. Individuals should have access to programs as needed rather than be penalized for having to reapply to regain access when service is needed.

Some of us have experienced a different model years ago that was offered by Catholic Charities in Portland known as the Alumni Program. This offered people as needed case management as well as various skills groups. One could access this program when necessary and if there were months that went by, they did not have to go in for 90 day reviews etc. It was on their terms based on their own needs. This model worked well but did not survive because it was grant funded with no other funding mechanisms available. In this program, there was a seamless transition back to traditional case management if needed as well as allowing people to graduate from the program when they did not need the service anymore.

Recommendations:

Explore models that move people more towards what they need and want rather than what MaineCare rules dictate.

OBH and MaineCare to research ways to implement flexibility in the continuum of services. Not only is this what individuals want and need, it would be cost efficient to the State of Maine.

Expected Outcomes:

The goal of these changes would really move Maine's service system to one that truly meets the needs of the individual and supports a person-centered recovery* focused model of care. This would allow people to drive their own service needs without the same obstacles that exist in the current service structure. In doing so, the State would save funds and our peers could access services as needed and not based on the fear of not being able to access programs when necessary. This empowers consumers as well as providers to move the system forward in a positive way, thus improving individual recovery outcomes.

***Definition of Recovery by SAMSHA:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.