

T.A.G. Meeting Summary

Thursday June 21, 2007

Co-chair [Howard Schwartz](#) welcomed the group to the June COBRA TAG meeting.

This month the central presentation was chosen in response to the requests from TAG meeting evaluations for information, resources, and support in addressing the mental health needs of clients:

Experiences from the Field: The Clinical Case Manager Supervisor Position

BCSS staff Mark Perez introduced and moderated a panel of three current or recent Clinical Case Manager Supervisors: [James Presley](#), currently Manhattan Program Director of Salvation Army CFP; [David Redwood](#), Clinical Case Manager Supervisor at Argus Community, Inc; and [Lynn Wax](#), Clinical Case Manager Supervisor at AIDS Family Services Montefiore Medical Center.

Each speaker described the unique aspects of their own COBRA program (number of teams, number of sites, type of parent agency), and the particular way they have implemented the CCM Supervisor position. They discussed how they worked with

clients, case managers and teams, and the challenges they face. Some key points:

[JAMES](#)

- As CCM, he works to take the burden off the CM by assisting clients with chronic/intractable problems such as persistent mental illness, substance use, domestic violence and other long term issues that interfere with client achievement of goals.
- Sees his role as working for the team by allowing them to work with more manageable clients while he addresses those who are “stuck”.
- Doesn’t use the term “Mental Health” when talking to clients because of negative connotations they associate with the term.
- Biggest challenge has been educating staff on how he can help them focus their activities more efficiently through CCM providing clients a period of short term clinical counseling to address barriers in reaching the client’s case management goals.
- Finds the opportunity for clients to receive one on one attention is invaluable.

[DAVID](#)

- Sees himself as the fourth member of each team (18 teams at Argus).

- Educates staff to identify who to refer to him (e.g. clients non-adherent to their own mental health appointments, off medications, etc.) Shows staff how to use information in the mental health section of the assessment to determine who should receive CCM services.
- Finds clients more open to receiving CCM services after he explains in nonjudgmental way biological reasons why people might need counseling or medications
- Biggest challenge is re-directing the client from meeting with him to meeting with a referred mental health provider
- Has established collaborative and supportive relationships with Select Health and Columbia Presbyterian.

[LYNN](#)

- Has an open door policy to address client crises and team/CM concerns about clients.
- Brings to team’s attention issues in chart documentation that indicate need for further services and referrals
- Provides short term problem oriented counseling particularly involving family conflicts

and adolescent issues, Involved in cases regarding child abuse/neglect, disclosure, domestic violence, substance use, and suicidal assessments.

- Always involves the CM with the client and tries to intervene without being intrusive to CM/client relationship. Supportive without taking over
- Client resistance to referred mental health provider can be a challenge. Client may lose interest when crisis is over.
- CCM has had long term effect in stabilizing some family cases.

All CCMS discussed their role in stabilizing the client and work towards greater acceptance of referral services. A second shared theme of the presenters was the common goal of providing support and assistance to the client and the members of each case management team.

Community Collaboration between COBRA and Lombardi Programs

COBRA programs in both Queens and Bronx boroughs, under the leadership of [Nat Liengsirawat](#) and [Cherlyann McCalla](#), respectively, are meeting with area Lombardi long term home health care programs. Their goals are to understand each other's services better, improve collaboration, and oppose the policy which excludes the services of one program when a client is receiving the services of the other.

In Queens at their last meeting, the *Code 30/35 Coalition* compared services provided to a sample of mutual clients and

found no duplication, particularly in cases where mutual collaboration occurred. The group is recording this information and asking other COBRA providers to do the same (see attached form) to document important, but different, roles of COBRA and Lombardi services for each mutual client. Forms should be sent to Nat at nat@acqc.org. The coalition is hoping that enough case studies showing successful collaboration and the importance of both sets of services will convince state Medicaid officials not to turn on the edit.

Nat suggested that each borough consider forming a coalition and develop a list of designated communication representatives from Lombardi nursing providers and COBRA programs. This would help compile a city-wide list to facilitate communication. She advised that to disenroll clients from Lombardi, a form M-II V is to be completed by the nursing provider (see May TAG minutes for more info on disenrollment). Next Queens County meeting: June 29, 11:00 a.m. at VNS, 75-20 Astoria Blvd. Suite 220, Conf. Rm C&D, Jackson Heights.

The Bronx group is planning to send a contingent to the Queens meeting. They are holding their own first meeting between COBRA directors and Homecare providers on July 12 at 1:00 at 85 West Burnside Avenue (corner of University Ave) in the 3rd floor conference room. Lunch will be provided. Contact Cherylanm at cherylanm@mhhc.org for more information.

AI staff made the following announcements:

NPI Number!

Several COBRA providers have not yet applied for a *National Provider Identification* (NPI) number. The NPI is a unique identification number for health care providers that will be used in the future by all health plans and providers that conduct electronic transactions specified by HIPAA. It will replace all previous provider ID's (such as Medicaid provider number) in HIPAA transactions.

Although COBRA programs are not HIPAA covered entities and may not be required to have one, the Bureau of Community Support Services is requesting you get an NPI number as it may be to your benefit as the state implements this system.

Each COBRA provider should obtain a separate NPI number regardless if your organization already has one for non-COBRA transactions.

To obtain your NPI number go to:
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Register your NPI number on the eMedny.org website. A handout tutorial is attached to these minutes explaining how to do this. Also, email a copy of your number to John Godfrey at jhg02@health.state.ny.us

New Policy Regarding Dual Enrollment COBRA and AIDS Day Health Care Programs (ADHCP)

A COBRA Technical Assistance Bulletin (attached) has been released which outlines the new AIDS Institute policy regarding dual enrollment of clients in

AIDS Day Health Care Programs and COBRA.

As of September 1, 2007, dual enrollment will be limited to a period of sixty (60) days. Clients must meet the criteria for dual enrollment described in the bulletin. COBRA and ADHCP providers will be required to case conference together with the client and develop a Joint Case Management Plan delineating the responsibilities of all case managers in both programs during the sixty day period.

Note: there is no Medicaid code for ADHCP enrollment. AIDS Institute staff will be contacting COBRA program directors with a list of clients dually enrolled in your program and an ADHCP. Please use the next few weeks to review the charts of these individuals, and case conference with the client and ADHCP provider to determine which program can best serve the client's needs. Upon agreement, the client should be dis-enrolled from COBRA or from their ADHCP.

Quality Improvement Committee

Twenty COBRA supervisors and program directors met on May 24 to re-convene the COBRA Quality Improvement Committee. Minutes are posted on cobracm.org under "Meetings and Minutes." The group will be sharing strategies and techniques for supervisory review and tracking at the next meeting scheduled for August 1 from 10:30 am until 1:00 pm

COBRA Supervisory Training Institute

The next, and possibly last, three day COBRA-specific training

for supervisors with Sandra Houston will be held on September 20, October 11, and November 1 at AIDS Service Center NYC.

The training is designed especially for new supervisors with direct responsibility for COBRA teams.

Interested persons should apply using the attached form. Space is limited. Contact Lisa Tackley for curriculum information. A reminder email will be sent out to program directors about this training at end of summer.

Next TAG Meeting

Thursday August 16

10:00 am – 1:00 pm

4th Floor Rooms A&B