

Somerset MM&CN

Meeting Minutes



APRIL 20, 2017

Time: 1:00 PM

Dual Kennebec Behavioral Health Locations:

Skowhegan Clinic – 5 Commerce Street

Augusta Clinic – 66 Stone Street

Present: Skowhegan: Sally Chambers(KBH), Janet Morang(UMO), Donna Richardson (VA), Joanne, Michael Morang (DCC), Rochelle Findlay (VA) Augusta: Hannah Longley (Career Training Concepts), Dennis Dix (KBH), Teague Morris (Sen. King’s Office), Waterville Deputy Police Chief William Bonney, Conference Line: Leo Dionne (Vet Inc)

Discussion Items – welcome new members

Joanne presented some details of a special situation involving patient records at the VA. Donna Richardson will follow up.

Michael presented an expansion of case management programming to assist Veterans in the community with unmet needs. Mainecare eligibility will not be required for this service.

Sen. King’s office has introduced two initiatives, including coverage expansion for Veterans, and increased funding/service for Veterans’ justice programming.

Deputy Chief Bonney briefed us about the progress of Operation Hope – a balanced approach to opiate addiction that uses a combination of education – enforcement – and treatment to effectively address problems associated with illegal use of opioids. Perhaps Veterans Mentors of Maine, or some of the Veterans Court graduates would be interested in getting involved as “Angles” of this program.

Rochelle announced that the Cabin in the Woods would be opening this year in Chelsea, and will house several homeless Veterans. One of the cabins will be dedicated to staff of providers to assist the Veterans with needed care and access to same.

Leo is seeking to expand the number of Veterans served in Somerset County by Veterans Inc..

Donna’s office has updated several products including a Veterans’ Service Map – which details the various “points of entry” into VA and affiliated levels of care. She also has several 1 page quick-reference guides for Veterans and providers to understand access to care and benefits. Electronic copies will distro with next agenda.

Next meeting: Huddle date May 18th at 1p.m. - Video Conference Rooms Skowhegan Clinic – 5 Commerce Street and Augusta Clinic – 66 Stone Street

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Addendum - Somerset Updates/Announcements:

Janet Morang and Rebecca Cornell du Houx will be completing their foundation graduate placements with us in May. Please join me in congratulating them both on a job well done! Their leadership helped to carry and “keep lit” the Somerset MMCN Committee and to expand community participation.

Sally Chambers has assumed the role of co-facilitator.

Save the Date for MMCN Conference 2017 – hosted by Lewiston/Auburn MMCN at the Augusta Civic Center (July 20th). This is an all-day event and promises to deliver another round of outstanding speakers and presentations.

Betsy Ann Ross House of Hope held a ceremonious ribbon cutting event last week, they will soon be hosting their first families of homeless female Veterans. Martha St. Pierre continues to offer tours and informational meetings about this state and National issue and the related complexities of this vulnerable population. The home is in Augusta, however, will be accepting statewide applicants. Stay tuned for more announcements and updates.

Wendy St. Pierre, PhD, will be joining our next session and would like to explore further, the possibility of the Somerset MMCN as a potential KVCC service learning opportunity.

The MMCN leadership council convened in April after a rescheduling due to the March snowstorm. This meeting was very well attended and packed full of information and announcements. A copy of the minutes will be made available upon receipt and request.

Somerset MMCN has sent updates to Kyra Darling for current web page details.

VETERANS CHOICE PROGRAM LAW CHANGES

FACT SHEET
APRIL 19, 2017

On April 19, 2017, President Trump signed a law that removes the Aug. 7, 2017, expiration date and allows VA to utilize funding dedicated to the Veterans Choice Program (VCP) until it is exhausted. The VCP is a critical program that increases access to care for Veterans by authorizing millions of appointments for Veterans in the community. This fact sheet highlights the three changes made to the VCP.

Change 1 – Removal of Expiration Date:

The law removes the Aug. 7, 2017, expiration date for the VCP. The VCP will continue until the original \$10 billion is spent. Based on current estimates, funds for the VCP will last through January 2018, but could shift to fall 2017 if more Veterans use the program.

Impact to Veterans:

- Veterans eligible for the VCP will continue receiving care from providers in the community.

Impact to community providers:

- Community providers can continue delivery care to Veterans.

Change 2 – Primary Coordinator of Benefits:

VA is now the Primary Coordinator of Benefits for services provided to Veterans under the VCP. This common sense change VA requested from Congress more closely aligns the VCP with the other community care programs.

Impact to Veterans:

- Before this law change, some Veterans were required to pay the cost-shares/co-pays associated with their private health insurance. Now, those Veterans will not have to pay the cost-shares/co-pays to their private, health-insurance carrier.

Impact to community providers:

- Originally, some community providers had to bill the Veterans' private health insurance and the VCP. With the law change, community providers will now only have to bill the VCP.

Change 3 – Information Sharing:

Previously, VA had a restriction different from other health-care providers regarding the exchange of health information. This law removes these restrictions and ensures that community providers have access to appropriate health information for Veterans, and brings VA in line with other health-care providers and federal standards related to the exchange of health information. We emphasize that this does not create an exception to, or weaken in any manner, the protections of the Health Insurance Portability and Accountability Act (HIPAA).

Impact to Veterans:

- Veterans will experience improved continuity and quality of care because community providers will have appropriate access to necessary medical records.

Impact to community providers:

- Community providers will now have access to all appropriate health information for Veterans.



Frequently Asked Questions:

Has eligibility for the Veterans Choice Program (VCP) changed?

No. The law did not change eligibility for the VCP. Please refer to the VCP website for information regarding eligibility here: <https://www.va.gov/opa/choiceact/>

Did the law make the Veterans Choice Program permanent?

No. The law allows VA to use the remaining funds available for the VCP. VA has partnered with Congress to work through remaining legislative needs to build a single, community care program.

Do Veterans still have to provide VA their private health insurance information?

Yes. The Choice law requires Veterans to provide VA with their private health insurance information in order to use the program. The new law means that Veterans will no longer be responsible for cost-shares/co-pays associated with their private health insurance. It also means community providers will no longer have to bill a Veteran's private health insurance and the VCP; they will only have to bill the VCP.

Does the information-sharing provision in the law put my health information at risk?

No. This law does not put any health insurance information at risk. Previously, VA had restrictions different from other health-care providers regarding the exchange of Veterans' health information. This law removes those restrictions and ensures that community providers have access to appropriate health information for Veterans, and brings VA in line with other health providers and federal standards related to the exchange of health information.

Did the law provide VA the authority it needs to reform the Veterans Choice Program?

This law makes meaningful improvements for the VCP, but more needs to be done. The law is a bridge to allow VA time to partner with Congress and all of its stakeholders to create one community care program that is simple to administer, easy to understand and meets the needs of Veterans and their families, community providers and VA staff.

JOURNEYS OF VETERANS MAP

This map covers ten life stages any Veteran may encounter, from pre-service to end of life. These life stages are organized in three phases in which Veterans' goals and aspirations are distinctly different. Each life stage lists out moments Veterans typically experience and associated VA services, and calls out key "moments that matter" which may have significant impact on Veterans' experiences.

Not all Veterans are the same and there is no "one" veteran. There are, however, a broad set of shared moments many Veterans will encounter and live through. Different Veteran personas will experience and navigate these moments in varied and disparate ways. Using this journey as a guide to organize and align around, VA can plan for and design better experiences for Veterans.

Life events impact individual goals and change priorities. Events like marriage, divorce, widowhood, birth of a child, obtaining a new degree, loss of housing, empty nesting, major illness and so on have profound effects on people's priorities and how they approach their lives—as well as how they interact and perceive services. These events are unpredictable and may happen at any point across this journey.

