

Consolidated Demographic: Identifying Information

Client#

If this case is being *REOPENED*, please check this box.

If this form is submitted for *ANNUAL PAPERWORK*, please check this box.

Type of Service: MAT OHH

DEMOGRAPHICS			
Client Name		Date of Birth	
Address	City	State	Zip code
Home Phone	Work Phone	Okay to call at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Client's Gender	Marital Status (if applicable)		
Guardian Name or Emergency Contact*	Relationship to Client	Guardian/Emergency Contact Address and phone	
Are you currently receiving either mental health or substance abuse services from another provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provider name: _____			
Client is appropriate for services and is set to see _____ on: _____ <div style="text-align: center; font-size: small;">Provider Name Date</div>			
Is client a Consent Decree Class Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Joint Custody*? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	
Primary Care Provider/Company Name			
MAINECARE			
Mainecare Number:		Categorical <input type="checkbox"/> Non-categorical <input type="checkbox"/>	
		If applicable: Pregnant <input type="checkbox"/> Native American <input type="checkbox"/>	
PRIMARY INSURANCE CARRIER			
Are you billing through CORNERSTONE BEHAVIORAL HEALTHCARE for private insurance? () Y () N			
Insurance Provider		Guarantor	
Guarantor Employer		Guarantor SS#	
Policy Number		Group #	
Insurance Provider Address			Guarantor D.O.B.
City	State / Zip		Telephone #
Copay	Referral Needed? () Y () N		Referral #
SECOND INSURANCE CARRIER			
Insurance Provider		Guarantor	
Guarantor Employer		Guarantor SS#	
Policy Number		Group #	
Insurance Provider Address			Guarantor D.O.B.
City	State/Zip		Telephone #
Copay	Referral Needed? () Y () N		Referral #
Policy Number		Group #	
Insurance Provider Address			Guarantor D.O.B.
City	State/Zip		Telephone #
Copay	Referral Needed? <input type="checkbox"/> Y <input type="checkbox"/> N		Referral #

*If necessary, has any legal paperwork regarding client custody, Guardian Ad Litem, probation, or other legal documentation been provided? Yes No

Waterville, Wabanaki and Bangor Program Description

I. Service Description and Information

- a. **Behavioral Health Home/ Case Management Services.** Our program qualifies as a “Behavioral Health Home” to both children and adults. This is not a place where people live, but a way of providing case management using a “whole person” approach. This is a Maine Care covered service. This “whole person” approach means that you can get help managing both physical and mental health services. In the Behavioral Health Home, you get the same services that you get with regular case management but with an extra focus of helping you to coordinate physical health needs with your primary care provider. The services are provided by a health professional known as a Home Health Coordinator (HHC) or Case Manager (CM) who will help to identify the mental, behavioral, medical and other whole person needs including educational, housing, peer recovery and transportation, etc. CM’s help to identify the services necessary to meet those needs, coordinate and facilitate access to services and integrate care. This model offers a culturally sensitive, team based approach with YOU being the center and driving force in your care. It begins with intake/assessment, identification of needs, developing a plan of care, referrals, care coordination/advocacy, monitoring, and ends when your goals are met. Behavioral Health Homes build on the existing care coordination and behavioral health expertise of community mental health providers. We strive to meet your needs efficiently and in the shortest time possible. ***Clients must opt in to this service.***
- i. Behavioral Health Homes are an important component of Maine's Value-Based Purchasing strategy, a multi-pronged MaineCare initiative designed to improve the healthcare system, improve population health, and reduce cost.
 - ii. Participation in Behavioral Health Home services is entirely voluntary. You can opt out of the service at any time.
 - iii. Behavioral Health Homes are a partnership between a licensed community mental health provider (the "Behavioral Health Home Organization" or BHHO) and one or more Health Home practices (a HHP) to manage the physical and behavioral health needs of eligible adults and children.
- b. **Adult Community Integration Services** is a service for adults ages 18 and above to help stabilize mental health issues, address co-occurring substance abuse, trauma, and health issues that affect a person’s independence and functioning in the community. Adult Community Integration Services is a culturally sensitive, person centered and team based including you, your health care professionals, peer and natural supports you (and your guardian, if applicable) choose. This is a strengths based approach provided flexibly in the home or in the community.
- c. **Targeted Children’s Case Management** is a service for children ages 0-20 who have Emotional, Behavioral, Developmental and Cognitive needs. This is a culturally sensitive, team based model which includes your natural/peer supports. A wrap-around approach is used to identify strengths, normalized needs and barriers in the community and school. Once needs are identified, the Case Manager will help to link you with congruent community supports and resources to help keep your child in the community and in the least restrictive setting. We provide assessment; support planning, team facilitation, linkage, coordination, monitoring and advocacy to meet the needs of your child.
- d. **Outpatient Therapy** is a service that utilizes evidenced based, culturally sensitive treatment modalities to support clients in managing their symptoms so that they can function as best they can in their environment. Cornerstone offers adult and child outpatient counseling services in both the Bangor and Waterville locations. We have outpatient clinicians that specialize in many areas including: couples, trauma, EMDR, and providing counseling to the LGBTQ community. At times, we have clinical interns that can provide therapy to individuals with no insurance and/or high copays. In addition to providing regular outpatient services, outpatient clinicians may be able to provide BHHO case management services to clients that would benefit and qualify from this service.

- e. **Medication Assisted Therapy (MAT)** is the use of medications, in combination with therapy, to provide a “whole-patient” approach to the treatment of opioid addiction. MAT is designed to provide clients the opportunity to stabilize from opiate use disorder and further engage in the recovery process. Our Program is an office based outpatient treatment (OBOT) service for adults over the age of 18. OBOT refers to a model of opioid agonist treatment that seeks to integrate the treatment of opioid addiction into general medical and psychiatric care. An important feature of OBOT is that it allows providers to provide opioid treatment services in their usual clinical settings, thus expanding the availability of care. We work very closely with case management and outpatient therapy to offer comprehensive care to our clients.
- f. **Opioid Health Home (OHH)** is an office-based MAT service, based on an integrated care delivery model provided by a team of providers focused on whole-person treatment. This service includes, but is not limited to, counseling, care coordination, medication-assisted treatment, peer recovery support, urine drug screening, and medical consultation for individuals who have been diagnosed with an opioid dependency and other chronic conditions. OHH services are available for eligible MaineCare clients and uninsured individuals with opioid use disorder. OHH is defined as a rehabilitative service that is to be provided in the context of a supportive relationship, pursuant to an individual treatment plan that promotes a person’s recovery from Opioids and other co-occurring conditions. ***Clients must opt in to this service.***

II. Philosophy

- a. Cornerstone is a client-centered, trauma informed and recovery focused service. The goal of the service is to increase independence in the community and to support an individual to live in the least restrictive setting of their choice. We believe that clients are the experts in their lives and that our job is to support clients in what they are motivated to work on. In addition, Case Management services are flexible, and can meet individuals in a variety of settings including the community or your home.

III. Business Hours

- a. Monday-Friday 8am-4:30pm for Case Management. For outpatient business hours call the Waterville office at 207-680-2065, the Bangor office at 207-992-0410 and the Wabanaki office at 207-992-0411 or toll free 866-275-3741. For after- hours emergency coverage, you may contact your local crisis at 1-888-568-1112 or refer to your crisis plan if necessary. You may also go to the local hospital or call 911.

IV. Expectations

- a. To meet your needs effectively we expect to meet with you regularly; this includes parents and/or guardians of clients not of legal status to independently consent to services (Please provide custody paperwork or when any legal matters pertain). In the case that a cancellation must occur, please see attendance policy.

V. Communication

- a. Cornerstone prefers direct communication; however, we recognize at times that you may prefer brief electronic communication through email, voice mail or text. However, providers do not communicate via Facebook or other types of social media. We may not be able to comply with your requests as we follow best practices and clients are aware of the risks and benefits of electronic communication.

VI. Record keeping

- a. Cornerstone has moved to an Electronic Health Record (EHR). This means that all documents of your case are kept via a secured online record portal. All providers inter-agency have limited access to these files to maintain integration and continuity of care across programs such as: Case Management, Therapy and Medication Management. Cornerstone also participates in HealthInfoNet.

VII. Transportation

- a. Case Managers may occasionally accompany clients to community based services if these needs are identified in the Individualized Support Plan. Case Managers’ primary function is not to provider “transportation”.

VIII. Termination of Services

- a. If at any time either party decides that services are no longer necessary, due to goals being met, or you are no longer interested or eligible to receive services, your services will be terminated. Services will also end if there has been a period of 90 days of inactivity and/or attempts made by our agency to contact you have been unsuccessful.

IX. Billing Policies

- a. Your signature on this form will allow Cornerstone to bill private insurances and Mainecare for services and process claims. Cornerstone needs to release information such as: dates of service, length of service, diagnosis and other information as requested by our contract to receive payment. Clients are ultimately responsible for reimbursement of services.
- b. If changes occur to your insurance, it is your responsibility to let Cornerstone know of these changes and to do whatever is necessary of you to restore your insurance benefits should they end and you are responsible for unpaid services. Case Managers, if made aware of your need, may help you to pursue available insurance benefits to maintain them or to have them be restored.
- c. BHHO is only a MaineCare funded service. Case Management is a MaineCare funded reimbursable service, unless other sources of support are identified and approved. We require a copy of your MaineCare card to remain in your client file.

X. Attendance Policy

- a. In order to provide quality services it's imperative that you attend appointments regularly.
Please call the main office number 24 hours in advance of your appointment if you need to cancel.
- b. If you must call to cancel your appointment with less than a 24 hour notice, please be prepared to explain why you were unable to attend. No more than 3 late cancellations within a 60 day period will be allowed.
- c. If you **give less than 24 hours' notice or simply do not show**, your services are in jeopardy of being discontinued. We will allow no more than 2 no-shows within a 60 day period. An additional fee of \$45 **may be** required of clients that have no-showed more than 1 appointment. Payment will be expected at the beginning **of** your next appointment unless a different arrangement has been made with the office. (MaineCare clients are exempt from the above fee) Most people receiving services enjoy standing appointments, that is, the same day and the same time for each appointment. If you call with late cancellations or no-show for a scheduled appointment, you may lose your standing appointment time and be placed on an ON-CALL list. This means that in order for you to be seen by your clinician you will need to phone the office to ask if your clinician has an open appointment for a particular day. If they do, you may choose to be seen that day. If there are no open appointments you will need to call another day to check for availability.

STATE OF MAINE RIGHTS OF RECIPIENTS OF MENTAL HEALTH SERVICES
Who are Adults/Children in Need of Treatment

The following is a summary of your rights as a recipient of outpatient (nonresidential) services under the Rights of Recipient of Mental Health Services booklet from the Maine Department of Health & Human Services, 40 State House Station, Augusta, Maine 04333 (287-4200 or TTY 287-2000). If you are deaf or do not understand English, an interpreter will be made available to assist you in understanding your rights. Please also review your federal rights under the Health Insurance Portability and Accountability Act (HIPAA) summarized in Cornerstone Behavioral Healthcare's **Notice of Privacy Practices**. This notice is displayed in our waiting rooms, and you may also request a copy of same.

- a. **Basic Rights.** You have the same civil, human and legal rights, which all citizens are entitled. You have the right to be treated with courtesy, respect and dignity.
- b. **Right to Confidentiality and Access to Records.** You have the right to have your records kept confidential, to be released only with your informed and signed consent. (Specific circumstances where the agency can release or share your protected health information as described in the Rights book.) You have the right to review you record at any reasonable time and to add written comments to clarify information you believe is inaccurate or incomplete.

- c. **Right to an Individualized Treatment Service Plan.** You have the right to a written service plan, developed by you and your worker, based on your needs and goals. The plan must: be based on your actual needs, identify how a need will be met if the service is not available; include tasks to be completed and by whom; time frames for accomplishment of tasks and goals; and criteria to determine success. If you do not agree with the plan, you have the right to request and receive a second opinion. You have a right to a copy of the plan.
- d. **Right to Informed Consent.** No service or treatment can be provided to you against your will. You have the right to be informed of possible risks and anticipated benefits of all services and treatment. You may designate a representative who is authorized to help you understand and exercise your rights, help you make decisions, or to make decisions for you. The guardian also has the right to be fully informed.
- e. **Right to File a Grievance and Appeal.** You have the right, without retribution, to grieve any violation of your rights or a questionable practice. You have the right to a written response, including reasons for the decision. You may appeal any decision to the Department of Health & Human Services. For assistance contact : Office of Advocacy, 60 State House Station, Augusta, Maine 04333 (287-2205) or Disability Rights Center, P.O. Box 2007, Augusta, Maine 04330 (1-800-452-1948).

Consent to Use of Health Care Information

I understand that Cornerstone Behavioral Healthcare will make use of my health care information for purposes of treatment and other lawful functions of Cornerstone Behavioral Healthcare's practice, including securing payment and other usual health care operations.

I understand that if Cornerstone Behavioral Healthcare holds certain sensitive information related to my health care, (such as: **Records covered by federal rules governing confidentiality of alcohol and drug abuse treatment programs (FDA 42 CFR 2.31), Records covered by state rules governing mental health services or Records concerning my, or my child's, diagnosis or treatment for HIV or AIDS**), then my specific authorization will be required to disclose such information to others.

I understand that such information may be made available to persons working on Cornerstone Behavioral Healthcare's behalf, who will be subject to the same duty of confidentiality as Cornerstone Behavioral Healthcare with respect to such information.

I understand that I may refuse to allow the sharing of some or all such information, but that refusal may result in improper diagnosis or treatment or other adverse consequences.

Disclosure Notice

I acknowledge that I have received a copy of Cornerstone Behavioral Healthcare's "Notice of Privacy Practices", and I have been given an opportunity to review this notice. I understand that it is Cornerstone Behavioral Healthcare's policy to treat all health care information and records as confidential, and not to disclose them unless authorized to do so. I understand that I have the right to control the disclosure of my health care information, subject to certain disclosures that are permitted or required by law, and that my health care information will not be disclosed unless:

- I have specifically authorized the disclosure
- The disclosure is permitted or required by law

I understand that it is Cornerstone Behavioral Healthcare's policy not to share any health care information with family or household members, except as specifically directed by the client or parent/guardian.

The family of household members, if any, with whom I direct Cornerstone to share my health care information, are the

<p>following (if not applicable, please note N/A):</p>
<p>The information that Cornerstone may share with those persons listed above, consists of (if not applicable, please note N/A):</p> <p>:</p>
<p>I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO CORNERSTONE BEHAVIORAL HEALTHCARE FOR SERVICES IF IT IS SELF-PAY OR NOT COVERED BY MY INSURANCE, UNLESS I AM ALSO COVERED UNDER MAINECARE. I ALSO UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR MISSED APPOINTMENTS IF I HAVE NOT NOTIFIED CORNERSTONE BEHAVIORAL 24 HOURS IN ADVANCE. I HEREBY AUTHORIZE CORNERSTONE BEHAVIORAL HEALTHCARE TO FURNISH INFORMATION REGARDING MY DIAGNOSIS AND TREATMENT TO THE ABOVE INSURANCE CARRIERS AND/OR MAINECARE, UNLESS I AM SELF-PAY. I HEREBY AUTHORIZE PERMISSION FOR TREATMENT BY PROVIDERS OF CORNERSTONE BEHAVIORAL HEALTHCARE.</p> <p>THIS SIGNATURE ACKNOWLEDGES THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE BILLING POLICY, CONSENT, ATTENDANCE POLICY, RIGHTS OF RECIPIENTS, AND DISCLOSURE NOTICE AT CORNERSTONE BEHAVIORAL HEALTHCARE. THIS SIGNATURE ALSO ACKNOWLEDGES THE PERMISSION TO TRANSPORT IF APPLICABLE AS WELL AS RELEASING CORNERSTONE BEHAVIORAL HEALTHCARE FROM LIABILITY IN CASE OF AN ACCIDENT DURING ACTIVITIES RELATED TO CORNERSTONE BEHAVIORAL HEALTHCARE, AS LONG AS NORMAL SAFETY PROCEDURES HAVE BEEN TAKEN.</p>

Signatures: If client is a minor, and service is Substance Abuse they must sign.	
Client (14 yrs. & older):	Date:
Authorized Rep:	Date:
Relationship to Client:	
Witness:	Date:
<ul style="list-style-type: none"> • I am opting in for: <input type="checkbox"/> BHHO Services <input type="checkbox"/> OHH Services 	
• I have been offered a copy of any and all of this paperwork.	<input type="checkbox"/> Yes <input type="checkbox"/> No
• In the event that my insurances change I give my permission for Cornerstone to retro-bill new insurances.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Right to Revoke (Disclosure Notice Only)

I understand that I may revoke this authorization at any time by giving written notice of revocation to Cornerstone Behavioral Healthcare; however, this will not affect information released prior to receiving my statement. I understand that revoking this authorization may be the basis for denial of health benefits or other insurance coverage benefits.

My signature below officially revokes this authorization.

Client:	Date:
Authorized Rep:	Date:
Relationship to Client:	
Witness:	Date: