

**Capital Area Human Services District Board Meeting
Monday, January 7, 2013**

Directors Present: Christy Burnett, Chair, Dana Carpenter, Ph.D., Gail Hurst, Vice Chair, Sandi Record, Amy Betts, Kay Andrews, Becky Katz, Barbara Wilson, Denise Dugas, Stephanie Manson

Directors Absent: Gary Spillman and Victoria King Kathy D'Abor, Rev. Louis Askins, Jermaine Watson, Kristen Saucier

CAHSD Executive Staff Member(s) Present: Jan Kasofsky, Ph.D., Executive Director

CAHSD Executive Staff Member(s) Absent: Carol Nacoste, Deputy Director

TOPIC	RESPONSIBLE PERSON	DISCUSSION	FOLLOW-UP
Approval of January 7, 2013 Consent Agenda and Approval of the Minutes for: December 4, 2012		Christy Burnett called the meeting to order at 2:31pm. Vicki King made a motion to approve the December 4, 2012 minutes as written and the consent January 7, 2013 Agenda. The motion was seconded by Jermaine Watson. There were no objections and the motion passed.	
Communications	Dr. Kasofsky	<p>Dr. Kasofsky stated that the documents provided in Bullet Point 1 Communication were for information only.</p> <p>CRC: An article about the MHERE transferring into a Crisis Receiving Center is included in the packet. C. Nacoste is working on a pro-forma now. Dr. Kasofsky stated that she had received an email from EKL requesting that she meet with them regarding the transfer. The meeting with the hospitals will be delayed because the BRGMC is undergoing a surprise Joint Commission survey this week.</p> <p>DHH MOU 2013: A signed copy of the MOU has been placed in each member's book.</p> <p>CAHSD CEU Offerings for 2013: CAHSD Board Members can attend at no cost. There was brief discussion regarding the different courses offered.</p> <p>Outreach & Information for Parents Material Development: Dr. Kasofsky stated that the Real Help handout will be distributed as a handout. Tonja Myles is doing a great job with outreach. On January 10th, CAHSD is conducting a resource day inside the EBR Jail for inmates to know about CAHSD services and other human services</p>	Next meeting, Dr. Kasofsky will provide a breakdown of the volume increase in the CAHSD Addiction Clinic.

TOPIC	RESPONSIBLE PERSON	DISCUSSION	FOLLOW-UP
		<p>providers before they are released from jail. This activity was arranged by Tonja Myles. Dr. Kasofsky referred to a handout for parents developed by CAHSD staff. The handout is posted on the CAHSD website and will be distributed to parents/guardians through children/adolescents.</p>	
<p>2012-2013 Financial Challenges</p>	<p>Dr. Kasofsky</p>	<p>Dr. Kasofsky stated that she and Carol Nacoste had a recent meeting with the Deputy Secretary, Kathy Kliebert, Tony Speier, Assistant Secretary of the Office of Behavioral Health, and Tara/DHH Budget. The meeting went very well. Dr. Kasofsky stated that the attached handout was provided to them. Dr. Kasofsky explained in detail the following 14 points from the 2012-2013 Financial Challenges handout to the members.</p> <ol style="list-style-type: none"> 1. Over estimate of Addiction clients at 30% Medicaid eligible. (actually 3%) 2. Over estimate of SGR 3. No LMSW Billable Services 4. No Nursing Billable Services 5. Not expanding to more than 1 billable service/visit (MD check & therapy with social worker on same day) 6. Substantial lost productivity due to training clinical staff on CA, on IA, authorizations, pre-cert function (need update function) 7. Reduction in Clinic Service Rate for LCSWs by 2/3% 8. Reduction in Clinic Service Rate for MDs by 1/4\$% 9. Clinical Advisor difficulties in implementation 10. Clinical Advisor scheduler not workable yet 11. Billing errors/delays in collections 12. Loss of billing or private insurance 13. Importance of master fee schedule to all payors for accurate billing 14. Gap created for Tx 18-21 yo in existing residential programs <p>Dr. Kasofsky will be following up with Kathy Kliebert, Tony Speier and Tara from DHH Budget on items that need to be “fixed” prior to the end of the year. Everyone in the State is in the same situation as CAHSD. Dr. Kasofsky reported that Kathy Kliebert stated that if services have been billed for, then they should be able to pull them out and pay CAHSD for them. In response to a board member’s question,</p>	

TOPIC	RESPONSIBLE PERSON	DISCUSSION	FOLLOW-UP
2012-2013 Financial Challenges		<p>C. Nacoste stated that by the end of this quarter, if the state doesn't respond, decisions will need to be made as to how many employees will be laid off. She stated that there were two options that could take place. (1) DHH would have the option of "sweeping" that money from the CAHSD escrow account in the State treasury. This action would totally annihilate the escrow account. (2) DHH could include CAHSD with everyone else when they figure out how to "fix" the situation for everyone. This would save the CAHSD escrow account. No one else has an escrow account. There was discussion regarding LMSW - non billable services. Dr. Kasofsky explained that at this time, CAHSD has 19 LMSWs who are no longer allowed to bill for services. Dr. Kasofsky reported that there has been a reduction in rates for LCSWs by 2/3% and MDs by 1/4%. Dr. Kasofsky explained the problematic issues with Clinical Advisor regarding scheduling, billing errors/delays in collections and loss of CAHSD's ability to bill private insurance. Number 14 on the handout means that CARP, CAHSD's inpatient unit, can no longer treat clients under age 21 due to a Medicaid requirement due to the State receiving the 1915i Waiver. There are now zero state run facilities for an 18-21 year old to receive inpatient treatment for a substance problem. This creates a gap for services provided to 18-21 year olds. Magellan is responsible for creating a provider for these services. They are required to make sure that all of these services are available. Dr. Kasofsky stated that CAHSD has done a good job keeping services open and becoming more efficient. She explained that CAHSD is in a transition and that what is happening is more complicated than just budget cuts. CAHSD is now required to change how to do business. CAHSD has to change the way care is delivered given the 14 items listed on the handout.</p>	
Practice Management Recommendations/ Status Presentation	Stewart Clark	<p>Dr. Kasofsky introduced Stewart Clark, a consultant from New Orleans hired by CAHSD to assist with changing from an agency clinic model to a private sector model. She stated that Mr. Clark was introduced to CAHSD after working with Jefferson Parish to change their clinics to operate like private sector clinics.</p> <p>S. Clark complimented CAHSD leadership and staff. He stated that the task ahead is tough. He provided a brief overview of his</p>	

TOPIC	RESPONSIBLE PERSON	DISCUSSION	FOLLOW-UP
		<p>background/experience regarding transitioning public clinics to run more like that of a private clinic. He said the main focus is on the outpatient behavioral health clinics and school based services. The budget has been cut and CAHSD is expected to increase self-generated revenue.</p> <p>S. Clark presented a slide presentation explaining observations, challenges, and implementation of the plan to change clinic operations from that of a public clinic to a private clinic. Topics discussed were:</p> <p>Observations:</p> <ol style="list-style-type: none"> 1. Mission of a public agency versus that of a private clinic 2. Organizational structure (pre-transition) – facility manager versus Practice Manager, clinic integrated into the whole as one entity, billing and credentialing. Practice Manager will be a contract position. 3. Dedicated clinical & support staff – cost centers versus revenue Generators, productivity <p>Challenges:</p> <ol style="list-style-type: none"> 1. Old rules still apply 2. Who is in charge – Magellan or OBH? 3. Cultural Shift 4. Reduced reimbursements versus increased budgetary demand for self-generated funds <p>Implementation:</p> <ol style="list-style-type: none"> 1. Re-organization 2. New patient screening tools 3. Productivity standards – uniform across the clinicians – 1410 hrs- includes coverage for pto/sick/holidays = approximately 6 hrs per day billable time 4. IT/Website Usage 5. Personal Evaluation Standards 6. Reduce clinician’s non-clinical hours 7. Maximize revenue generators, minimize cost centers 8. Implement dunning notices and no show policy 9. Expand range of DX of clients seen (not just SMI) 10. Expand to cover more privately insured clients 	

TOPIC	RESPONSIBLE PERSON	DISCUSSION	FOLLOW-UP
		There was discussion following the presentation regarding timelines, work-a-rounds when unable to “fix” the problem(s), medical record security	
Monthly Billing & Collections Tracking/Discussion Points w DHH Leads	C. Nacoste	Board members reviewed the spreadsheet in their packet. It was noted that there has been improvement in the rate of bill payment based on billing. There were \$208K payments in November. C. Nacoste explained that this was due to bills that had been in the system and previously denied because of what Clinical Advisor considered erroneous billing codes. These services were rekeyed with corrected codes and resubmitted for payment. C. Nacoste stated that this would not be the norm. The billing staff will continue to work with Magellan on denied claims. C. Nacoste stated that some issues are related to billing staff errors but the majority of the errors are related to Clinical Advisor issues.	
Board Speaking Points Developed in Response to DD Council Inaccuracies	Jan Kasofsky	Dr. Kasofsky referred the Board to the speaking points developed in response to the DD Council Inaccuracies in the event the Board members were questioned. She stated that this issue hasn't gone any further. She reported that an apology was received from Sandy Winchell, DD Council Executive Director, for sending it out and then realizing the errors. She stated that she would like to do something to make the situation right. Dr. Kasofsky stated that she told Ms. Winchell that the Executive Directors were putting together bullet points to correct the inaccuracies and they would like her to take those corrections and send them out to the people that were sent the inaccuracies.	
Draft Strategic Initiative	Jan Kasofsky	Dr. Kasofsky referred the Board to the Draft Strategic Initiative table located behind Tab 5. The Board will review this document and discuss at the next meeting.	Review at the next meeting. The action steps will be clarified.
MHERE Conversion		Dr. Kasofsky reported that a meeting was held with Medicaid and they are moving forward on approving the licensing standards. Amy St. Germain, Nurse Manager of the MHERE has been working with Marianne Hebert, CAHSD Mobile Team Captain, and they presented to Medicaid. The licensing rules should be available by February or March and will be based on how the MHERE is operating now. The unit will now be called a Crisis Receiving Center or CRC. That law was put into place when Alan Levine was at DHH but the standards	

TOPIC	RESPONSIBLE PERSON	DISCUSSION	FOLLOW-UP
		<p>were set too high so no one implemented a unit. The standards are being rewritten based on our recommendations. The CRCs will only be reimbursed by Medicaid and private insurance which covers 50% of the clients. The other 50% of clients are indigent. The indigent clients will still need to go to the ERs. C. Nacoste is putting together the pro-forma now. Dr. Kasofsky is meeting with EKL and LSU on Friday and is hoping for a meeting on the 16th with the hospitals to discuss transfers to/from hospitals and the budget. There will be 20 beds.</p>	
Board Membership Update	Jan Kasofsky	<p>Dr. Kasofsky has emailed Boards and Commissions for an update. WBR: Mr. Spillman's term is ended. Dr. Kasofsky explained that when the Governor appointed one of the two submitted, one appointee said after waiting so long, she was no longer interested. The process will have to begin again. There were three appointees for Pointe Coupee when only two slots are allowed.</p>	
Reports from Chairman			
Governance Policy Review by Direct Inspection		<p>Tab 7 – Financial Planning Budgeting DOA Submission. K. Andrews made a motion to accept policy until the Board needs to make changes because the current policies don't apply as they have in the past. They apply broadly and generally but are not going to apply under the new direction that health care is taking. The Board will need to rework the policies when the changes are completed and we know our new role and where we are going. Jermaine Watson seconded the motion. Dr. Kasofsky recommended that a Board committee be developed to meet with her and C. Nacoste to determine what reports and tools would be useful to the Board.</p>	<p>The recommendation to form a committee will be added to the Chairman's Reports for the next meeting.</p>
Asset Protection	Barbara Wilson	<p>Barbara Wilson reviewed Asset Protection. She directed the Board to look at page 38, 39 & 40 and reviewed the items of compliance. She stated that the Board is in compliance with this policy due to the efficiency of the Executive Director and assistance from the Deputy Director and doesn't need to be changed.</p>	
Assignment of Next Policy	Christy Burnett	<p>Next assignment: Governance Tab: Page 16 of 58 – Executive Limits: Compensation and Benefits was assigned to Becky Katz.</p>	
Community Participation		<p>No community participation</p>	

TOPIC	RESPONSIBLE PERSON	DISCUSSION	FOLLOW-UP
Next Meeting	Christy Burnett	The next Board meeting will be held on February 4, 2013 @ 3:00p.m. at 4615 Government Street, Building 2, Baton Rouge, LA in Conference Room 200 following the holiday social.	