

**Capital Area Human Services District Board Meeting
Thursday, August 6, 2012**

Directors Present: Christy Burnett, Vice Chair, Dana Carpenter, Ph.D., Gail Hurst, Vice Chair, Sandi Record, Wayne Delapasse, Amy Betts, Kathy D'Abor, Kay Andrews, Gary Spillman and Becky Katz

Directors Absent: Rev. Louis Askins Tandra Davidson, Jermaine Watson, Victoria King, Barbara Wilson and Kay Long,

CAHSD Executive Staff Members: Jan Kasofsky, Ph.D., Executive Director, Carol Nacoste, Deputy Director

TOPIC	RESPONSIBLE PERSON	DISCUSSION	FOLLOW-UP
Approval of August 6, 2012 Agenda Approval of the Minutes for: June 21, 2012 Ends Focus of Grants or Contracts Policy	Christy Burnett	The Board met in the Lobby of Building 2 at 3:00pm. At this time, the Directors toured the CAHSD Pharmacy QoLand observed Telemedicine. The members reported to the boardroom at 3:26pm and Christy Burnett called the meeting to order. Kay Andrews made a motion to approve the June 21, 2012 minutes as written and to move the first bullet items under the Reports for the Chairman with the consent August 6, 2012 Agenda. The motion was seconded by Amy Betts. There were no objections and the motion passed.	.
Reports from the Executive Director			
Tab 2 Communications	Dr. Kasofsky	<p>Tab 2 attachments were reviewed. Dr. Kasofsky provided a brief overview of the following attachments:</p> <p>Baton Rouge Business Report: Original copies of the article written by Dr. Kasofsky for the Baton Rouge Business Report were available to the Directors. She reported that Magellan was very excited about the article and had requested copies of the magazine. She reported that a mail out of the article was sent to legislators and parish and police jury presidents.</p> <p>Point Coupee General News: Dr. Kasofsky reported that the Parish is committed to our joint project. They have been gracious and generous in paying for incidental expenses as needed. She provided an update stating that health fairs are being conducted and all the training provided by Tulane for the community outreach workers is well attended.</p> <p>CAHSD Countdown: Dr. Kasofsky stated that the <u>Countdown</u> can be used to obtain insight as to what is going on at CAHSD operationally. She announced that Mike Steinkamp is retiring after 29 years.</p> <p>CEU's: She stated that the two CEU programs currently being offered will be presented by two CAHSD employees. (1) Bryan Gros, Ph. D., longtime employee, will be presenting regarding bullying and includes cyber-bullying.</p>	

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<p>Medical Director Appointment</p> <p>Counseling at Dutchtown HS</p> <p>Iberville: Plaquemine Satellite Clinic</p>		<p>(2) The second presentation is by Vivian Gettys, RN. She is an expert in fetal alcohol spectrum disorders and recently attended a training providing her with the most current information to share. She stated that the programs will not be videoed. Board members can attend free but others will need to pay the \$45.00 fee. There will probably be a third presentation but the topic and presenter haven't been determined at this time. The meetings will take place in Room 200 in CAHSD, Building 2. Dr. Kasofsky informed the board that the information regarding the programs can be located on the CAHSD website.</p> <p>Dr. Kasofsky announced that Aniedi Udofa, MD has accepted the position of Medical Director. Dr. Kasofsky stated that "Total Health" is important to Dr. Udofa. Under her direction, the physicians realize that whether they like the electronic health record or not, it is also the billing and scheduling system and must be used in order for CAHSD to be successful and to bill and collect for their services. Dr. Udofa is monitoring the physician services/time. "CAHSD has always been fortunate to have the right Medical Director at the right time and Dr. Udofa is the Medical Director that is needed at this time." CAHSD has fourteen physicians on staff.</p> <p>Dr. Kasofsky reported that a ballplayer at Dutchtown High School died while playing basketball. CAHSD was invited by the superintendent of Ascension Parish to go in to talk with students (4 School Based counselors and 3 counselors from GMHC). Ascension Parish counselors spoke with the parents. Ryan Rife also contacted some private practice social workers to come in as well. This was done in a timely manner. The counselors were able to provide names of students who they felt needed follow-up to the principal and school guidance counselor. Dr. Kasofsky stated that CAHSD doesn't bill for this type of service. She reported that she had notified State Office and Magellan that CAHSD had provided this service. Dr. Kasofsky stated that she was very proud of CAHSD staff.</p> <p>Dr. Kasofsky reported that CAHSD is currently located in a facility not very well maintained in Iberville Parish. Dr. Kasofsky wrote to the Iberville Parish Administrator stating that CAHSD staff would not return until the building was cleaned up or another location found. Dr. Kasofsky informed the Board that CAHSD doesn't pay rent at any of the locations where satellite services are provided. The Parish Administrator informed Dr. Kasofsky that the lease for that building expires in December 2012. Dr. Kasofsky reported that there is no need for the Board members to get</p>	

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School Based Services Report TAB 3		<p>involved at this point.</p> <p>Dr. Kasofsky referenced the School Based Services Report. The statistic she is most pleased with is that 88 client cases were closed because treatment goals were met. This is the whole point of providing treatment early while children are in school and before they've been expelled or suspended. Dr. Kasofsky stated that the School Based Program is doing a great job and she is very proud of this program.</p>	
ECSS		<p>Early Childhood Supports and Services (ECSS) is a new program to CAHSD but started pre Katrina days. This is a very good program that provides the same services as CAHSD's Infant Child and Family Center (ICFC). ECSS works with children with behavioral issues who are under the age of six. Many of these children are in out of home placements, i.e. foster care, or are at risk for out of home placement. The program has psychiatrists, psychologists, and social workers. It focuses on family preservation and how to structure the child's home life so they can be maintained in the home. CAHSD continues to have the Infant Child Family Center (ICFC) program which sees children in the foster care system and is funded by escrow. There is no way to bill for children's services under 6. Dr. Kasofsky reported that CAHSD is working to locate space in Building 1 to house ECSS with the other CAHSD children's services.</p>	
Primary Care Integration		<p>The grant received through the federal government is going very well. Though, Dr. Kasofsky stated that the clinics at EKL are really backed up due to physicians leaving in preparation for when the hospital closes. She has been concerned that CAHSD clients may have appointments in December to set up medical homes and may need appointment prior to that time. CAHSD has been able to contact the Volunteer Health Corp which is a group of physicians, nurses and social workers who do volunteer work. They are located at Florida and Lobdell for people with chronic medical needs who cannot pay for medical care and would otherwise be using the emergency room. They were very pleased to connect with CAHSD. Now CAHSD clients have appointments for current medical problems and are still on the list to be in a medical home at the LSU Clinics.</p> <p>There was discussion regarding funding, where OB services and services provided to prisoners will take place when EKL closes. Woman's Hospital will be providing the OB services. It was stated that Louisiana has an aging prison population.</p>	

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<p>MHERE and Other BH Crisis Services Development</p> <p>OCDD FS Allocations</p>		<p>Dr. Kasofsky stated that she has been working with two of the large hospitals in the area and has been doing some research. The three additional things for a behavioral health crisis services system that she has identified and done more research on are:</p> <p>(1) Urgent Care type drop in center- something other than an ER that is staffed by a NP who can do the medical clearance, can determine if the client has a medical need and, if necessary, who should be transported to the hospital. If the client needs to be stabilized and it can be handled there, it would be a “MHERE-light”. This type of facility would not be under the Emergency Treatment and Active Labor Act (EMTALA) regulations. EMTALA is a federal law that basically states that if someone shows up in your emergency department you have to treat them. They can’t be transferred and must be stabilized. If you have an inpatient unit you must admit them there. Other states have avoided conflicts with EMTALA through a Psychiatric Urgent Care Center.</p> <p>(2) Residential Stabilization Unit – If you go to an MHERE or urgent care center and it is determined that the client needs more time, but not necessarily a hospital bed, they can stay in a place like this from 5-12 days. Most people say that is exactly what is needed because people back up in the emergency departments because there are not enough acute hospital beds. This type of unit is a step up from an ER but a step down from an inpatient unit. It basically provides structure similar to a social detox setting. The professionals and paraprofessionals there will organize the client’s day, make sure they are back on needed medications</p> <p>(3) Mini ACT (Assertive Community Treatment Mobile Team) that can go out to stabilize clients or deliver treatment wherever they are located. Dr. Kasofsky explained that she has looked at five different states and worked with a few of the CAHSD social workers experienced with behavioral health crisis. She has a meeting scheduled with Craig Coenson, MD Magellan President and Neal Cohen, Magellan Operations. She will have discussion with some of CAHSD staff and the Director of Nursing from EKL ER to look at how these models may be developed in the state of LA. Hopefully it will be something Magellan can determine what the regulations would be and how they would pay for it. Dr. Kasofsky reported that she will be meeting back with the hospital group to notify that Magellan is on board. Magellan is to attend the meeting. The 10 beds at EKL will not be going away in the near future. The plan is till for October 2013.</p> <p>There was a CAHSD funding discussion. CAHSD is receiving the smallest amount of funding for family support services but has the largest population.</p>	<p>Keep OCDD FS Allocations as a</p>

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Update on FY 2013 Budget Status		<p>Dr. Kasofsky reported that 40% of the requested funding was cut from everyone's allocation in this region. Dr. Kasofsky stated that the older a District is, the more likely the shortage is to occur. Funds have never been allocated based on data or population. DHH is looking at an allocation formulation based on population, poverty, income etc. which seems very fair on paper. It would be applied to only new money for allocation. Dr. Kasofsky stated that profits from selling Developmental Centers were in the past used to fund Regions. So while CAHSD was being cut, the Regions were able to use those funds to offset the cuts. Dr. Kasofsky reported that the issue is on the Agenda for the next meeting of Human Services Directors with DHH.</p> <p>Carol Nacoste reported that the new budget year has started. She stated that there were some huge cuts anticipated prior to the Medicaid \$823 million dollar cut. Fortunately the Legislature backed off of these cuts. This would have put CAHSD at about an additional 1.3 million dollar cut. CAHSD has taken an \$800,000 hit from last year for this year and has done several things to absorb some of those costs: (1) privatization of the pharmacy (2) several vacancies are left unfilled. (3) CAHSD is doing more with less. Dr. Kasofsky stated that last week she was provided a template to put together a presentation to the Joint Budget Committee. There was discussion regarding possibility of privatizing rural hospitals and the need to maintain hospitals in those areas.</p>	recurring Agenda item
Billing & Collections		<p>C. Nacoste provided a billing and collections update. She stated that under the Magellan/Clinical Advisor process, all billing documents for Medicaid go directly through Magellan. She explained that the "new" billing staff is actually current CAHSD staff that have recently been trained and assigned billing/collection responsibilities. She explained that since CAHSD no longer has a need for Medical Record staff, those employees have been trained as the billers. The progress note is now the billing ticket. Billing happens in the clinic where services are being provided. CAHSD staff has hit the ground running. She commented that while things are progressing slowly, staff is learning as they go and doing a great job. C. Nacoste reported that there are still lots of system bugs. She reported that Magellan indicated that CAHSD is the highest billing and paying District in the State.</p> <p>Dr. Kasofsky stated that Lisa Rhoden, the new Executive Director in Jefferson, has hired a practice management association to do an audit of how to transition clinics to be more like a doctor's office in terms of billing and</p>	

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Board Membership Status		<p>scheduling. She has agreed to meet with all of the Executive Directors on August 21st to share what Jefferson has learned, i.e. how to structure billing staff and what are the correct civil service titles. There was discussion regarding the checks/balances for billing accuracy. There was discussion regarding payment for services being billed for services provided by LMSW's through a system billing error. Visitor, Brad Farmer, Executive Director from Acadiana stated that from a compliance standpoint the use of Clinical Advisor was not an option. There has been a mandate to use this system and that is the billing mechanism. It causes some questions to arise. "Are we billing accurately for only what we provide?" He stated that the actual process of billing Medicaid and making sure there are billing codes that match up with certain credentials up is standard. The question of who will be held accountable for incorrect billing was discussed. The answer was determined: Magellan by the Office of Behavioral Health, by DHH. The Department of Health and Hospitals will be held accountable by CMS.</p> <p>Dr. Kasofsky reported to the Board that all of the parishes have filed the necessary paperwork for those CAHSD board members whose terms are ending to either renew or to be replaced. Dr. Kasofsky stated that she has spoken to new nominees from East Baton Rouge Parish and each of them have been contacted by Sarah Alcott and had been sent forms to fill out. One nominee is from the Baton Rouge General and one is from OLOL. It was determined that none of the Directors present with expired terms has yet been contacted directly by the Boards and Commissions.</p> <p>Wayne Delapasse mentioned that Representative Karen St. Germain may be helpful in expediting the board member appointment process. Dr. Kasofsky stated that she would like time to consider contacting her since things are beginning to move. She asked to be notified if anyone has contact with Board and Commissions.</p>	
Reports from the Chairman			
Governance Policy Review Tab 4	Christy Burnett	The Treatment of Consumers Policy was postponed until September when the reports will be available.	
Board Member Composite Self Evaluation Tab 5	Christy Burnett	C. Burnett reported that eight board members submitted completed Composite Self-Evaluation forms. This information will be reviewed at the September meeting since the raw data hasn't been analyzed.	

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		<p>The Treatment of Consumers, page 4 of 58 presented by Christy Burnett. She reviewed the policy and recommended no changes.</p>	
		<p>Christy Burnett thanked Brad Farmer for attending the meeting.</p> <p>Next assignment: Executive Limits: Page 6 of 58 - Treatment of Staff to be reviewed by Kathy D’Albor.</p> <p>Dr. Kasofsky informed the Board that she has written a poster with Dr. Crapanzano who is employed at OLOL and supervises the residency training program. The poster was accepted and was recently presented in New Orleans. Dr. Crapanzano submitted the poster to the APA Meeting in NY City and Dr. Kasofsky will present it at that meeting. Jaime Roques, Dr. Udofa, and Mary Helen Borck, the nurse over “Total Health”, will be attending the meeting as well. Dr. Kasofsky stated that this trip is paid for by the SAMHSA grant. This is the national meeting of all of the psychiatrists in the country and the main issue is integrating with Behavioral Health primary care. The meeting takes place the first week of October. Dr. Kasofsky informed the Board that during the last week of October, she is giving a paper at the American Public Health Association’s annual meeting in San Francisco.</p>	
Next Meeting		<p>The next Board meeting will be held on Monday, September 10, 2012, at 3:00 p.m. at 4615 Government Street, Building 2, Baton Rouge, LA in Conference Room 200.</p>	