

**Capital Area Human Services District Board Meeting  
Monday, December 3, 2012**

**Directors Present:** Christy Burnett, Chair, Dana Carpenter, Ph.D., Sandi Record, Amy Betts, Kay Andrews, Becky Katz, Rev. Louis Askins, Barbara Wilson, Denise Dugas, Stephanie Manson and Victoria King

**Directors Absent:** Kathy D'Abor, Gary Spillman, Gail Hurst, Vice Chair, Jermaine Watson and Kristen Saucier

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

TOPIC	RESPONSIBLE PERSON	DISCUSSION	FOLLOW-UP
<p>Approval of December 3, 2012 Consent Agenda And Approval of Minutes for November 5, 2012.</p> <p>*Monitoring Executive Director's Performance</p> <p>*Asset Protection</p>	<p>Dr. Kasofsky</p>	<p>Christy Burnett called the meeting to order at 3:06pm. At the request of Dr. Kasofsky, Louisiana Developmental Disabilities Council was added as an item to Reports from the Executive Director. Rev. Askins made a motion to approve the November minutes as written. The motion was seconded by Kay Andrews. There were no objections and the motion passed. Kay Andrews made a motion to move the action items from Reports from the Chairman with the Consent Agenda. The motion was seconded by Sandi Record. There were no objections and the motion passed.</p>	
<p><b>Reports from the Executive Director</b></p>			
<p><b>Communication:</b></p>			
		<p><b><u>Employee Recognition:</u></b> Dr. Kasofsky reported that the CAHSD Annual Meeting was held on Friday, November 30th. She stated that Board members, Denise Dugas and Kathy D'Albor, attended a portion of the meeting. Dr. Kasofsky reported that Lt. Governor, Jay Dardene, was the guest speaker. He gave a presentation on the history of Louisiana which was enjoyed by all. The meeting was also a farewell to Mike Steinkamp who retired.</p>	
		<p><b><u>Accreditation Materials Development:</u></b> Rusty Jabour, Angela Degravelles, and Tonja Myles will meet with Dr. Kasofsky on Thursday to develop the materials to distribute to the public, legislators and elected officials when the final CARF accreditation decision is received. CAHSD will also need to make this information available to managed care and insurance companies.</p>	
		<p><b><u>Iberville Satellite Clinic:</u></b> Dr. Kasofsky stated that CAHSD's goal has been to move from the clinic from its last location because it had become unsafe and unsanitary. Dr. Kasofsky reported that President</p>	

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		<p>Ourso and Edward Songy were very helpful in assisting with the move. CAHSD moved the Clinic into the new location at the Parish Health Unit in two days. There are approximately 300 clients in that area relying on CAHSD to provide services. A copy of the newspaper article regarding the clinic relocation was provided to the Board members. The relocation will also be noted on the Parish website.</p>	
<p>CARF Surveyor Exit Interview</p>	<p>Karen Collier</p>	<p>Dr. Kasofsky thanked Denise Dugas and Stephanie Manson for their part in the CARF Survey process. She explained that CAHSD was required to provide names of people in the community that could talk on behalf of CAHSD in terms of what is done in the broader community. Both of their hospitals were interviewed.</p> <p>Dr. Kasofsky stated that Karen Collier would be attending the Board meeting today to provide a summary of the CARF Exit meeting. She informed the Committee that Christy Burnett was present during the CARF Exit meeting and heard the report first hand.</p> <p>K. Collier explained to the Board that CAHSD selected CARF over other accreditation agencies because the standards are congruent with what CAHSD does. She distributed a grid that outlined the four different areas of the standards and the recommendations (citations) received in each section. She stated that CAHSD received only 26 recommendations (citations) out of the hundreds of regulations under the standards; this is quite remarkable. She explained that some of the recommendations (citations) relate to lack of a specific word noted in the policy. Dr. Kasofsky told the Board that during the Exit process, the surveyors do not indicate a pass or a fail but that CAHSD did receive an ovation. She stated that there is a 15 page Exit Summary document that is available to any Board member. Karen Collier reported that the lead CARF surveyor, Tom Talbot, said that CAHSD was a wonderful agency with a great mission, strategic plan, and a Board with wonderful programs. He was very complimentary of the work that Dr. Kasofsky and the Board have done being integrated into the community. Two of CAHSD's main referral sources, OLOL and BRG, were interviewed. The CARF surveyors went onsite at every facility including the satellites. All clinics were held to the same standards. Karen Collier explained that you are rated as high as your</p>	

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		<p>lowest rated facility. She stated that everyone performed well. Dr. Kasofsky reported that CARP did not receive any recommendations (citations). CARP is the one public inpatient facility and now it is the one CARF approved facility. Dr. Kasofsky read the following statements from the CARF surveyor summary. (1) The organization remains committed to its mission and to meeting the needs of the community as they continue to undertake creative efforts to provide financially viable and quality services. (2) Program staff members are motivated, soulful and impassionate in providing services. Staff members of all levels of the organization reflect the organization's mission and take pride in their strong, well organized program and the progress of persons served. (3) Capital Area has emerged as a truly vital community partner who places the needs of the consumers first and is vigilant in creation of prevention treatment services and disaster response services to meet the ever changing needs of the community in which they serve. As requested, K. Collier provided clarification on recommendations related to Human Resources. K. Collier explained that recommendations are not required to be addressed when the follow up plan is submitted to CARF. The survey team for the next survey will check follow up items to make sure they have been addressed as outlined in the follow up plan.</p>	
<p>SAMHSA Adolescent Substance Use Treatment Grant</p>		<p>State of Louisiana received the SAMHSA Adolescent Substance Use Treatment grant and the purpose was for two providers across the state to compete to become a recipient of the training provided. Vivian Gettys, Karen Pino &amp; Dr. Kasofsky wrote a grant and CAHSD was selected as one of two sites to receive the training. The other recipient is also located in EBR Parish. Selected CAHSD staff will go to Tennessee for training and will train other CAHSD staff. More information regarding the grant will be provided at the BH Collaborative meeting on Friday, December 7<sup>th</sup>. A second benefit is that Magellan will reimburse those who have gone through the training and are using it at a higher rate than typical.</p>	
<p>Community Outreach/ Referrals</p>		<p><b>Tonja Myles:</b> Dr. Kasofsky provided an outreach update. T. Myles is visiting all of the area judges. Dr. Kasofsky and T. Myles have an appointment to meet with Warden Grimes who is at the EBR Jail. Dr. Kasofsky stated that T. Myles has helped her to refocus. She explained that when the Government Street Bldg. was closed due to</p>	

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		<p>storm damage, several things happened. (1) Narcotics Anonymous and Cocaine Anonymous Groups that met here prior to the storm didn't return. (2) Addictions was moved to be co-located with Mental Health and (3) were given a new name. (4) When people looked for our previous name and Children's Behavioral Health Services was located in that building, the assumption was made that you could no longer receive addiction treatment at CAHSD. Dr. Kasofsky stated that we must overcome these obstacles. Visits to referral sources are really critical. T. Myles will go through intake on all CAHSD services (like a secret shopper). This allows her to tell people in the community exactly what to expect when they come to CAHSD. T. Myles is paid two days per week and Dr. Kasofsky stated she is very pleased with the process.</p> <p><b><u>Blue Cross Blue Shield of Minnesota:</u></b> BCBS of Minnesota won a bid to provide social workers in the BR Clinic to do brief interventions. They are currently hiring social workers. They want to refer to CAHSD, as a specialty clinic, clients that need more than brief intervention with an LMSW. CAHSD is okay with receiving these referrals as long as we can get on the panel. CAHSD will be reimbursed the same rate but we will receive the more ill clients. CAHSD needs to guarantee that we can accept that BCBS insurance product.</p> <p><b><u>OLOL:</u></b> OLOL purchased the mobile vans from Children's Health Foundation. Stanley Mong and Dr. Kasofsky met with business development staff for Children's Behavioral Health to discuss how referrals are made to us when they have a child who has a more serious need than what they can handle. We are making sure that we are not in the same schools.</p>	
Budget Matters	Carol Nacoste	Carol Nacoste reported that thus far, CAHSD has received 3 requests from DHH for budget reductions for next fiscal year. Some of the cuts will be going into effect this year and will be annualized into next year. Total is approximately 1.4 million dollars. C. Nacoste explained that (1) CAHSD had \$900,000+ in staffing reductions. (2) We had \$150,000 reduction in contracts. (3) We had a \$250,000 request this week intended to impact supplies but we have already cut supplies.	

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		<p>C. Nacoste reported that some employees are purchasing their own pens if they don't like the kind of budget pens purchased by CAHSD. Dr. Kasofsky stated that CAHSD had prepared for a layoff of 50 employees. She isn't saying that won't happen in the future but at this time there will be layoff notices for only 3 positions impacted with employees in them. Dr. Kasofsky stated that employees will be shuffled around to fill needs where there are higher client show rates. Dr. Kasofsky stated that CAHSD would be revising the No Show Policy and will make it very clear to clients who are coming in January that they will not be given an appointment until they have shown that they can keep their appointment. CAHSD will now be "pushing" for walk-ins for social workers. The process won't be completely walk-in to be fair to those clients who can only come at certain times and keep their appointments. CAHSD cannot have a 50% no show rate for social workers. Dr. Kasofsky explained the no show rate is higher in the Children's Clinic. MD's have about a 70% show rate. CAHSD needs to be able to collect for services provided in order to pay for staff salaries. Dr. Kasofsky reported that she has been working with a practice management consultant. CAHSD clinics will look/function more like private clinics. Dr. Kasofsky reported that CAHSD has been testing an intake screening tool that will be available on a computer when clients present at CAHSD. At this time, social workers are doing this function which isn't necessary because it doesn't require a clinician.</p>	
Magellan Billing & Collections	Carol Nacoste	<p>Carol Nacoste referred the Board members to the collection spreadsheet included in their packets. She explained this is revenue collections spreadsheet created from data in the Clinical Adviser billing system. Each clinic is listed across the top but not all of our clinics have a revenue mandate at this time. She explained that substance abuse is not being reimbursed by anyone at this time and that is why there are no numbers in those columns. C. Nacoste explained that based on the number of clients in the system by clinic last year, a specific amount of revenue collections were allocated simply based on the number of clients that they see. She explained how other factors were used. C. Nacoste explained that School Based clinicians see some clients more than once a week and those are billable services. In the adult clinic(s), there are very few clients who</p>	

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		<p>are seen once a week. The majority of CAHSD clients are seen approximately once a month or once every 3 months. This explains why School Based has a much higher revenue allocation to collect rather than CABH who has more clients but sees them fewer times in a year. So based on those types of factors, CAHSD tries to allocate revenue requirements by clinic, based on what their average collections are or their average number of clients seen. These clients are now billable. These are strictly Medicaid collection clients on the chart. The amount of money that the State has allocated to CAHSD as Medicaid collections is 4.2 million dollars. As of October 2012, CAHSD has collected \$584,000 of 4.2 million dollars. The State increased CAHSD's mandated collections by approximately 3 million dollars from last year to this year, yet they lowered the reimbursement rate by 2/3. On average, CAHSD is reimbursed \$33 for services that used to be reimbursed at \$100. CAHSD's revenue cap has increased by 3 times the amount it was initially. This is a state wide problem for every District and Region. We are doing better than most in the state. There will have to be long conversations in the months to come re: the shortfall we will have. As of end of November, CAHSD has collected \$800k. CAHSD was informed in a meeting last week that we have about \$180,000 in revenue that is sitting out there looking as though it can be paid. Not all of it will be paid because of missing elements i.e. guarantor, codes etc. There was discussion re: billed charges versus rates. C. Nacoste reported that Magellan set up Charge Master to reflect only Medicaid rates. She stated that CAHSD is generating paper claims to bill private insurance correctly. Dr. Kasofsky stated that the situation is improving on a weekly basis. Dr. Kasofsky stated that in January 2013, a clearinghouse is supposed to be turned on so that all private insurances can be billed through the system. Kathy Kliebert was told that Plan B needs to be that CAHSD is paid and not let Magellan's shortfalls in their billing system prevent payment and she agreed. There was discussion regarding scope of practice for LMSWs and LPCs and reimbursable services based on CMS rules. Denise Dugas has CMS rule information that she will forward to Dr. Kasofsky. Dr. Kasofsky will keep the Board informed.</p>	<p>Denise Dugas to forward CMS information to Dr. Kasofsky</p>
CAHSD Practice Management Clinic	Dr. Kasofsky	Dr. Kasofsky stated that Stewart Clark, Consultant, will come to the Board meeting next month and provide a full report. CAHSD is	Stewart Clark to present at next

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Redesign		looking at how intake is done, the flow, how to restructure clinics and employee reporting structure. Dr. Kasofsky stated that it will be a business model. Clinic managers will be reporting to a Practice Manager and billing staff will report to a Billing Manager not a social worker. The setup will be more like a private sector clinic.	Board meeting
BH Collaborative & Premature Birth Outcomes		The next BH Collaborative Meeting is scheduled for December 7 <sup>th</sup> in Room 200A at 8:00am. Craig Coensen, MD, President of Magellan will give a presentation. He is a psychiatrist and was previously the medical director of Metropolitan Human Services District. There will be a follow up meeting regarding premature births with Nurse Family Partnership (NFP), Office of Public Health, and Steve Spedale, MD and others. Dr. Kasofsky reported that the March of Dimes gave Louisiana low grades. Dr. Kasofsky stated that referrals to NFP have fallen even though we have the largest number of babies born in this area. The group will problem-solve what is going on in the region and determine how to increase referrals to NFP.	
Board Membership Update	Dr. Kasofsky	Dr. Kasofsky reported that 3 people are confirmed from Pointe Coupee which is too many. Gail Hurst is confirmed. Dr. Kasofsky hasn't heard from the other two appointees and she hasn't contacted them. West BR: Mr. Spillman's term is ending. One of the people whose name was submitted a year ago for that area has declined since so much time has passed. Mr. Spillman's position doesn't have a replacement.	
Louisiana Developmental Disabilities Council (LaDDC)		Dr. Kasofsky distributed a November 2012 LaDDC Newsletter that she just received. She stated that she has previously reported to the Board that CAHSD had the smallest number ever of people's flexible family needs met this year. She and Scott Meche, Ph.D. met with Office for Citizens with Developmental Disabilities (OCDD) and they invited everyone state wide to attend. At that point, it was admitted that CAHSD has been shorted because things had been done incorrectly in the past with budgets. Dr. Kasofsky stated that when you review the numbers included in the Newsletter you get the impression that the last thing you would want is for a District to be developed in the area where you live if you have a child with a developmental disability. This data was presented to the Executive Directors at the meeting last week. She stated that there are two points not made: (1) Historical budgets across the State haven't been	Dr. Kasofsky will work with all Districts to develop a rebuttal to the LaDDC Newsletter

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		<p>based on anything logical and were never corrected. They were politically driven. We were told point blank that they wouldn't be fixed unless new money came. (2) When you look at that table and see the Regions it looks like the regions really care about people because they don't cut their budgets to the people who have children with developmental disabilities. Dr. Kasofsky explained that the regions have been part of a pooling. Every time developmental centers are shut down, the regions have received funds so that they didn't get cut. (Regions funding was backfilled with money from sales of the developmental centers). Carol explained that when OCDD had to implement cuts, they implemented those cuts by shutting down those inpatient facilities. Dollars that they saved from the shutdowns were the dollars that they put up for cuts to DD. The Districts were not included in those savings. The Districts/authorities have always been cut. The information in this newsletter appears slanderous and anti-district. Dr. Kasofsky stated that it also promotes "people to talk to legislators and to get appointed on Boards of these Districts so that we can stop them from taking money from them". Dr. Kasofsky stated that she would like for Districts to get together and do a rebuttal. She will really push to work with all Districts to develop one document so that multiple responses are not out there. She explained that the only way to fix this problem is to go back and redistribute all of the money and no one will do that. That would mean we would have to take away money from families already receiving the money and that wouldn't be ethical. Dr. Kasofsky stated that it's possible that advocates will contact Board members. Brad Farmer, the Executive Director in Lafayette, is receiving calls from advocates. Amy Betts suggested Families helping Families might need to be involved.</p> <p>There were discussion/questions regarding escrow dollars and how they are used. Dr. Kasofsky stated that at this point, escrow is an offline account funding ongoing services. CAHSD is funding a psychologist to provide mental health services in our clinic to DD clients. CAHSD is the first agency to do this and is not getting paid for the services. This has been CAHSD's gift to community.</p>	<p>Dr. Kasofsky will develop talking points for Board members</p> <p>Dr. Kasofsky's goals:  1. Get everyone to work together.  2. Develop some talking points for the Board.</p>
REPORTS FROM CHAIRMAN			



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Ends Policy Status		Christy Burnett stated that the Ends Policy was impressive and commended Dr. Kasofsky for a job well done.	
Signed Policy Limits		Kay Andrews explained the importance of the Executive Director's signed Policy Limits form.	
Evaluation Committee Appointed		The following Board members were appointed to the Executive Director Evaluation committee: Dr. Carpenter, Becky Katz, Denise Dugas and Rev. Askins. Christy Burnett explained the purpose of the committee and reviewed the process of evaluating the Executive Director. This committee will meet immediately prior to the January 7, 2013 regular Board meeting.	
Monitoring ED Director Comments solicited		Christy Burnett requested that the Monitoring Executive Director comments be turned in at this time to Karen Bray. All comments should be submitted prior to the next Board meeting.	
Emergency Succession		Kay Andrews reviewed the Emergency Succession Policy and reported that the Board is compliant because there are two names on file at all times in the event of an Executive Director vacancy. She explained that the protocol seems to be complete.	
MHERE Update		Dr. Kasofsky stated that progress is being made. They are working with DHH and Health Standards regarding a license for a crisis receiving center. This provides different levels of intensity and covers both voluntary and involuntary hospitalization. Health Standards has stated that they will change whatever is required to be changed if they feel it keeps everyone safe. An emergency ruling will probably be requested within 2-3 months. Dr. Kasofsky estimates she has half of the funding needed.	
Assignment of Next Policy		Executive Limits Asset Protection - Page 15: Assigned to Barbara Wilson.	
Holiday Social at Mansur's		The Board holiday social will be held at Mansur's on Monday, January 7, 2013 @ 11:30am. A private room is reserved and each Board and EMT member will pay for their own meal.	
Community Participation		Christy Burnett presented Dr. Kasofsky with her 15 Years of Service Certificate.	
Next Meeting	Christy Burnett	The next Board meeting will be held on January 7, 2013 @ 2:00p.m. at 4615 Government Street, Building 2, Baton Rouge, LA in Conference Room 200. The Executive Director Evaluation Committee will meet immediately prior to the meeting.	