DRAFT Minutes:
SRI/ASO Committee of the
Illinois Mental Health Planning and Advisory Council
March 13, 2008
12:00 – 4:15 P.M.

Attendees:

Bryce Goff, Value Options
Cassie Ayres, IARF
Cheryl Boyd, Franklin Williamson Human Services
Chris Power, DMH
Frederica Garnett, Delta Center
Kathy Roberts, CBHA
Linda Denson, Co-Chair
Lora McCurdy, IARF
Lora Thomas, NAMI Illinois
Lynn O'Shea, Co-Chair AID
Mike Nance
Ray Connor
Sondra Frazier
Sandy Lewis, McHenry County Mental Health Board
Stephanie Hanko, HFS
Tom Troe
Tony Kopera, Community Counseling Centers of Chicago
Tony Mundy, Interim CEO, Illinois Mental Health Collaborative for Access & Choice

I. Introductions
   a. Discussed vacant positions
      i. Lora Thomas has the parent of a former child consumer as a nominee
      ii. Sandy Lewis has a nominee for ICG parent
      iii. Ray Connor has 2 nominees for ICG parent
         1. Ray will discuss with the two nominees and will let Lynn know.
      iv. Cheryl is trying to recruit from Southern IL
      v. Stephanie Hanko would like us to look at geographical, racial, and cultural diversity.

II. Review and Approval of Documents
   a. Approved the minutes of the February 14, 2008 Committee meeting.
   b. Committee Goals and Objectives Document
      i. Add cultural competency to goal #3 part a.
      ii. Under goal #1 part a., will monitoring include financial information? Total dollars paid for Medicaid & non-Medicaid? Will we get financial reports for agency's levels?
         1. Reports by Region, on amount of contract earned billing performance is not feasible right now
         2. We need to define what we want to look and what our indicators are.
            a. Definition of access is already done by previous SRI Workgroup. Documents from this Workgroup distributed by Sandy Lewis to Committee participants.

iii. Would like to see what intakes look like for people accessing services before the ASO versus after the ASO is in place
iv. Service Access needs added as item k on goal #2
    1. How do we measure access?
    2. Put on agenda and we will discuss
v. Requested changes to the Goals & Objectives document will be made and circulated for discussion on next month's agenda

III. SRI Discussion Topics
a. Tony Kopera provided a list of topics that have not yet been resolved.
    i. Need to place the topics in categories (e.g., within this Committee's scope, needing referral to DHS/DMH, Governor's Office, etc.)
    ii. Capacity Grants: Keep them or roll funding for these grants into rates?
        1. Difficult to change all capacity grants into rates that could cover the costs
        2. Put this issue on a future agenda
        3. Variations in allocation of capacity grants to providers
            a. Current capacity grants are based on each agency's FY04 grant funding history by program. In the spring of 2004 DMH succeeded in negotiations that resulted in 25% of the community mental health services funding being made available for capacity grants. DMH then allocated this amount by assigning an estimated percentage to selected programs with services and activities that would not be readily convertible to fee-for-service on short notice.
            b. For Psychiatric Services Capacity Grants, since not all agencies had that specific program, DMH calculated the percentage that the Psychiatric Services Program was of the agencies' total outpatient programs, and then applied that same percentage to all other agencies with outpatient programs (adult, kids or the sum of both) but with no Psychiatric Services Program. This permitted the creation of a capacity grant Psychiatric Services Program for all DMH providers with outpatient programs (110 and 120 programs).
    iii. Rate Setting: how and how often
    iv. Adjustment to contract expectations in years without CODB
        1. Billing expectations can not stay the same
    v. Need cost analysis that considers the additional funding and resources available to agencies beyond DMH dollars alone
        1. Need operational analysis as well.
    vi. Need to remove "pass through" dollars from billable fee-for-service part of contract amount
        i. "Pass through" is when the agency pays for a service or item by issuing a check, but does not provide direct services
        ii. This should be under a special project as a capacity grant
        iii. [Update: Dr. Power confirmed with Dr. Smith, who confirmed with DMH fiscal staff, that the

"pass through" dollars referenced here for C4 are currently in special projects/capacity grant funding, not in the billable fee-for-service portion of this or any other provider contract, to the best of DMH's knowledge]

vii. Data-based productivity expectations
viii. Need assessment for cost add-ons for additional administrative requirements.
ix. Model Assessment
    a. Field testing of new program/service requirements to determine impact on service delivery
    2.
    3. Need years of data
x. Training Timelines that allow providers time for IT changes and staff training
    1. Compliance and liability concern
    2. Some training on new services occurred after providers were able to bill for the new services
xi. Problem Resolution Process for Systemic Issues and Individual Provider Issues
    1. Sandy suggested resurrecting the Financial Committee
        a. Freddie suggested that we open up new committees to other providers
        b. Stephanie reminded us that is important to have consumer involvement
        c. DMH does not have sufficient resources to staff numerous committees
    2. Sandy requested that these items be on the ASO workgroups that were going to be developed
        a. How are these things going to get done?
        b. What is the Division doing?
        c. Chris believes these items will be better addressed when the Collaborative is in place.
xii. Put these issues on agenda and DMH can provide the Committee with a report
    1. Committee members will prioritize these topics
        a. Tony Kopera reminded DMH that negative consequences not caused by agencies should not impact agencies (i.e. DHS lack of resources)
        b. Tom reminded the committee that enhancing quality/quantity of services needs to address how it will impact consumers
    2. Committee members are to provide feedback on the above to Tony Kopera by March 27th

IV. DMH/Collaborative's Consumer & Family Handbook
a. First edition feedback
    i. Sondra commented that some consumers who are not fully "recovered" want life-long support
        1. Bryce responded that they wanted a bold vision in line with the President's New Freedom Initiative

2.
3. Wanted to convey psychologically positive expectations, recognizing that chronic diseases sometime require life-long support
4. Recovery has different degrees and different meanings for each individual, but is usually an ongoing process

ii. Sondra also stated that the phrase right care, right amount, at the right time sounds suspicious, as if care will be rationed
1. Bryce responded that it is a shared process between clinicians and consumers with ASO input
2. Safeguards are in place

iii. Complaints/Concerns/Questions – Needs to be clear in the community how these can be addressed
1. 800 number
a. What happens with the complaint? Will you be informed by a specific person?
i. Resolutions Coordinator is responsible for follow-up on all such issues
1. Depends on the nature of the complaint who will become involve and how resolution will be pursued
2. Provides a vehicle for stakeholders to register complaints, compliments, etc.

iv. The Second Edition of the Handbook is planned for release late this spring. Noted that there is a need for a simple, short piece, document or pamphlet
1. Some people may not be ready for a 40 page document
2. Need brief brochure to assure people that change does not mean take away
3. Needs addressed

v. Large edition could be used statewide for consumer orientation

vi. Needs more information for children without ICG grants
1. Adolescent portion needs more information

vii. How will this be distributed to people without computer access
1. 800 number
2. Printed material for distribution by community provider agencies
3. General information plan
a. Communication alerts from the DMH to providers
b. Need more general public education to get the word out
c. Need collaboration with State Board of Education, ISP, etc.

viii. Need a place for personalization
1. Agencies could put a sticker with their contact information, crisis numbers, contacts, etc.

V. Reports from Dr. Power

a. Quality Improvement
i. The DMH Quality Management Committee plans to interface with other systems
ii. Quality committee looking at access
1. See handout (note from Brittan Harris)

2. Availability of transportation and distance to travel to receive services
3. Utilization based on demographic information
4. Geo-mapping
    a. Provider profile/verification forms essential for completion of geo-mapping of services
        i. Still collecting the data
        ii. Region staff is to remain the first point of contact for issues around this as well as almost all other issues, for providers, consumers and other stakeholders
        iii. No targets or access standards have been established yet; will examine data first
        iv. 1st map is contingent on the database and receiving provider profiles, probably within 90 days
        v. DMH has not decided what information will be made available to general public, but recognizes that in addition to serving to facilitate DMH planning for service delivery this information would also be useful for advocacy purposes.

iii. Standardized forms
1. Is there interest from provider's side for standardized forms?
    a. Some believe there is increased interest now, as opposed to previous years, due to an increased recognition of the importance of compliance

iv. Monitoring
1. Being planned and designed as a joint effort amongst the Collaborative, DMH, and BALC staff.
    a. DMH does not have direct control over the monitoring activities of other DHS Divisions, so coordination of monitoring with these other entities will still be somewhat limited.

v. Announcements will be coming out soon about a webcast on the planned monitoring activities, and an opportunity for stakeholder comment and input

b. Training Update
i. Three Training sessions across the state on Recovery & Resilience are scheduled:
1. April 1-3, 2008: Chicago, Springfield, Cartersville
2. Announcement flyer distributed

ii. Teleconferences with ACT/CST Team Leaders scheduled, including week of March 24th.

iii. Training Needs
1. DMH is supportive of additional training events, but is limited by available resources
2. Additional training on Rule 132 noted, especially relative to compliance concerns
3. Training on Assessment and Medical Necessity
    a. How to document medical necessity

b. DMH noted that a definition of medical necessity is in the proposed revision of Rule 132
c. Stephanie Hanko reminded the group that the current Rules (including 132 Mental Health Medicaid Rule) support the current state Medicaid plan; however the state cannot anticipate how the feds will change or interpret regulations in the future.

4. Surveying providers that have not billed up to their contracts to see what training they would like
   a. Chris reported that DMH consultants and staff have met with those agencies
   b. Tony Kopera stated DMH consultants suggested things that agencies are unable to do
      i. Agencies can not help structural issues
5. Linda recommended training for case managers on how to work in a recovery and resiliency environment

c. Data Warehouse Update
   i. Target for changes in MIS/IT is still set for July 1st
   ii. Collaborative has received ROCS historical data on 350,000 DMH eligible consumers and service reports/billings for the past four years.
      1. Collaborative is in the process of establishing a provider database, a consumer database, and a service database; noted that previously no consumer database existed within DHS/DMH
      2. Current system is not consumer or family driven
   iii. Focus Group on IT/MIS conversion plans and issues
      1. Exchanged information on systems the Collaborative can make available and what agencies needed in a February meeting/focus group of provider IT/MIS staff.
      2. Readiness assessment of the Collaborative's systems is planned
      3. Region Directors are expected to be facilitating the transformation of the public mental health system at their local/regional level
   iv. Infrastructure Grant to community mental health service agency providers have been awarded in FY08.
      1. Every provider received a flat amount roughly $10K
      2. Remaining amount was proportional to the dollar amount to each provider's DMH contract

d. February & March Contract Payment Adjustments
   i. For February payments:
      1. 80 of the 150 agencies received their full monthly payment, having earned 100% of their YTD contract amounts for the first four months of the fiscal year
      2. 15 agencies received between 90 and 100% of their monthly contract amounts
      3. 56 agencies received 90% of their monthly payment, having earned less than 90% of the TYD contract amounts for the first four months of the fiscal year.
   ii. For March payments:
      1. 85 agencies have received full monthly payment amount
      2. 23 agencies received between 90 and 100% of their monthly contract amounts

3. 43 agencies did not receive 90% of their monthly payment, having earned less than 90% of the TYD contract amounts for the first four months of the fiscal year.
4. 16 agencies received more than their typical monthly payment amounts to recover their previous month's reduced payments due to earning more of their YTD contract amounts; of these, six agencies recovered the full amount of their previous month's reduced payment (i.e., their YTD billings increased to earning the full amount of their YTD contract).

iii. Request for statewide, year to date, % of target made to DMH (see attached).
iv. Role of errors
1. Question raised about what providers should do about errors they believe are system errors, not their own. DMH emphasized that for providers, as for consumers and most other stakeholders, the protocol remains that the Regional Office should be the primary and initial point of contact for almost all issues or questions.
2. DMH noted that every Tuesday an interdepartmental group meets to discuss errors and other system issues and plan corrections and resolutions.

e. DMH Criteria for Safety Net
i. Consumer access is threatened or reduced due to an agency's billing performance (noted that since there are already some consumer access issues, the safety net applies to decreases in access from current levels)
1. Dollars may be advanced as a loan to agencies while they implement corrective actions or improvements
2. Regional staff are charges with assisting with and monitoring the implementation of plans of correction
ii. Agencies may also need funding to transition services from another agency that cannot provide sufficient ongoing access to services (if an agency went out of business, safety net funding could be used to assist the new agency assuming responsibility for the delivery of services)
iii. Safety net could be used for funding the initiation of a new community mental health services provider selected through an RFP process.

a.

f. Provider Contracts for FY09
i. DMH has scheduled meetings on March 26 & 27th to discuss provider FY'09 contract, with the same material presented at both sessions; March 26th session in person in Springfield, and March 27th a teleconference.
ii. Drafts of the FY09 contract will be available at those meetings

VI. Children's Services
a. A teleconference training session for ICG parents was held earlier this week to inform them about the plans to involve the Collaborative in this program

b. There has not yet been specific training events for Family Resource Developers (FRD) or parents and families of children receiving DMH fund mental health services outside of the ICG program, as the Collaborative's activities do not impact these services yet
i. Families are hearing that they will not be impacted.

1. That is true for the present, but may change in the future, in which case there will be a need to reach out to those impacted.
2. Noted that the Collaborative's 800 number has choices and the customer service representative handling the call is based on the choice selected (e.g., access question, provider question, consumer question, complaint, etc.)

c. Sandy will email Lynn the work group papers on Access & Eligibility.

VII. Collaborative Hiring Update
- a. All leadership positions for the Collaborative have been filled with the exception of the Chief Administrative Officer
- b. The Collaborative's Director of Clinical Service is a children's mental health services clinician experienced in the Illinois community provider network, Bill White

VIII. Agenda for next meeting:
- a. Committee goals and objectives
- b. Children's Services
- c. Report from Tony on Committee comments received about SRI Agenda items
- d. Dr. Power / Lydia Tuck Updates
  - i. Quality Improvement
  - ii. Training Update
  - iii. Data Warehouse Update
  - iv. Update of March Payment recoveries
  - v. Provider Contracts for FY'09

DMH Addendum:

For March Payments, Providers With	Number
Billing proportion under .50	5
Billing proportion under .55	7
Billing proportion under .60	11
Billing proportion under .65	12
Billing proportion under .70	14
Billing proportion under .75	18
Billing proportion under .80	24
Billing proportion under .85	31
Billing proportion under .90	40
Billing proportion under .95	50
Billing proportion under or = 1.00	150