

**SRI/ASO Committee of the  
Illinois Mental Health Planning and Advisory Council  
April 10, 2008  
12:00 – 4:00 P.M.**

**Attendees:**

Cassie Ayres, IARF  
Cheryl Boyd, Franklin Williamson Human Services  
Chris Power, DHS/DMH  
Frederica Garnett, Delta Center  
Judy King  
Lora Thomas, NAMI Illinois  
Lydia Tuck, CEO, Illinois Mental Health Collaborative for Access & Choice  
Lynn O'Shea, Co-Chair AID  
Mike Nance  
Ray Connor  
Robert Lesser, McHenry County Mental Health Board  
Robin Garvey, Mildred Berry Center  
Sondra Frazier  
Sandy Lewis, McHenry County Mental Health Board  
Stephanie Hanko, HFS  
Terry Carmichael, CBHA  
Tom Troe  
Tony Kopera, Community Counseling Centers of Chicago

**I. Introduction**

**a. Membership recruitment Update**

- i. The Committee had 5 vacant positions at the last meeting.
  1. Robin Garvey and Judy King have been added
  2. Three remaining children consumer representative positions to fill.
- ii. The meeting structure makes it difficult to recruit ICG parent/family members
  1. Lynn suggested putting children's issues first on the agenda to stimulate family and parent interest on committee.
  2. Active C & A Committee also makes it difficult to recruit ICG parents
  3. Ray will defer to others to recruit remaining parent vacancies on the committee.
  4. Terry Carmichael offered to talk to children services providers to recruit parent representatives (non-ICG parents).
  5. Robin Garvey also volunteered to help with recruitment.

**II. Review and Approval of Documents**

- a. **Approved the minutes of the March 13, 2008 meeting.**
  - i. Minutes are posted on the Collaborative and DHS websites.
- b. **Second Look at Committee Goals and Objectives**
  - i. Deferred until Sandy Lewis is present.

### III. Children's Services

#### a. Collaborative presentation for ICG parents.

- i. The presentation materials are on the Collaborative's website <http://www.illinoismentalhealthcollaborative.com/>
  1. Please forward feedback from parents/participants regarding the presentation to Chris and Lydia. Collaborative has had limited contact with parents since the involvement with ICG process just began on April 1<sup>st</sup>.
  2. Attendance at presentation might have been low because many parents work & are unable to attend during day.
    - a. Consider using nights and weekends for meetings.
- ii. Children's Service agenda items.
  1. Sondra and Ray agreed to develop children's ICG agenda items for next meeting.
  2. The C & A Committee has developed an issue list.
  3. Terry Carmichael also agreed to develop a list of other children's issues for the next meeting.

#### b. Dr Power and Collaborate CEO-Lydia Tuck-asked to prepare an overview presentation on Children's Services for the next meeting addressing:

- i. The role of the Collaborative with ICG and other children's services.
  1. Role of Collaborative in residential treatment be clarified.
  2. Requested that presentation materials be distributed in advance if possible.
- ii. Communication: How the ASO connects with parents.
  1. Use of website to share information.
    - a. Info needs to be user friendly.
    - b. Collaborative phone numbers need to be on the website.
    - c. Ray requested Collaborative info to also post on the ICG parents' website.
  2. Encourage use of existing modes and channels of communication- DHS/DMH regional office; regional staff, who may re-direct some technical questions to the Collaborative.
    - a. Need to ensure people are not getting lost in the handoff from speaking with someone from the state and referred to the Collaborative.
    - b. Need a constant loop of feedback
  3. Will there be a section for children's services in next Consumer Handbook?
    - a. Lydia will check.
  4. Can the children's section be more developed?
    - a. Yes.
- iii. Overview of children's advocacy and advisory groups
  1. What are these? Their roles?
  2. Is there any thought of revisiting the structure of having dedicated staff for C & A networks?
    - a. Although very limited regional staff, DMH urged people to contact Regional Directors about C & A issues.
    - b. They are the point persons to disseminate C & A information.
- iv. Access issues- most of the children's resources are north of I – 80; community resources needed in all geographic areas.

- v. What is DMH doing for children and transitional youth on the recovery model/resiliency?
  - 1. Collaborative is not focusing on one particular population
  - 2. Can Resiliency as applicable to C & A be included in the presentation next month?
  - 3. Can the Committee have a paragraph that really explains what the resiliency concept means?
    - a. Lydia believes that it is in the handbook but will double check.
  - 4. Looking at children's services/new initiatives and how that enhances resiliency.
- vi. Dr Power and Collaborative CEO unsure whether key staff with C&A knowledge can prepare a presentation on DMH funded C&A Service in time for the May meeting.
  - 1. If presentation cannot be prepared in time for May meeting, agenda items to be identified by Ray, Sondra, C & A committee and Terry Carmichael will be the focus for discussion.
- c. **Collaborative assumed responsibility for ICG enrollment, initial authorization, and ongoing reviews for residential treatment on April 8, 2008.**
  - i. Meetings for ICG parents and stakeholders held on March 11 to review changes resulting from Collaborative ASO contracts.

#### **IV. Report from Dr. Power and Collaborative CEO, Lydia Tuck**

- a. **DMH welcomes the appointment of Lydia Tuck, who is now in her fourth week with the Collaborative.**
- b. **FY09 Contract**
  - i. Formal contract presentations were made to providers and other stakeholders over two weeks ago in two sessions: one in-person meeting and one by moderated phone calls to accommodate those who could not travel or had schedule conflicts.
    - 1. Very few comments, suggestions or recommendations received during presentations.
  - ii. As in previous years, contract amounts were estimated amounts; additionally for FY09, these amounts were adjusted (increased or decreased) for some providers based on prior fiscal year billing performance.
    - 1. Regional staff notifying each provider of their FY09 contract amounts.
      - a. Most providers will see no change in contract amounts; some providers will get reductions of 10% or larger, while other providers will have their estimated contract amounts increased.
    - 2. Tony Kopera stated that not all of the issues have been resolved by DMH such as the agency-by-agency analysis described in the MOU
      - a. DMH responded that Regional Staff and expert consultants have been working with providers. DMH believes that they have worked with agencies on agency-specific issues.

- b. In addition to providing detailed analytical billing reports for each agency, DMH has used outside consultants to do an agency by agency analysis
    - c. DMH and consultants have given agencies recommendations. Some agencies are agreeable and implement DMH recommendations. Some have complicated structural issues and believe they cannot implement recommendations.
  - 3. Will the agencies be able to increase their contracts next year?
    - a. Will be dependent on available funds.
  - 4. Will DMH or the Collaborative provide information on which agencies have increased/decreased contract levels- there is concern from consumers about how this will impact access to services; particularly providers closing programs.
    - a. DMH suggests that consumers speak directly to the agencies and share these concerns.
    - b. Consumers requested that DMH provide that info, which will allow consumers to see barriers to services and to see if access is reduced.
    - c. DMH understands the concern and issue of consumer impact. Unclear what is the best source to provide that information.
    - d. Collaborative is just getting started on collecting information but will be able to provide service access information in the future.
    - e. Those wanting info now-submit a freedom of information act request; DHS will decide if it is available to the public.
- iii. For the minority of providers not yet earning their contracts, regional staff will begin individual discussions and collaboration with the providers to understand and/or help plan the management of the provider's services in FY09.

**c. Monitoring**

- i. Will begin resumption of statewide monitoring of providers in the last quarter of FY08.
  - 1. Presentation and overview shared with Provider Network in two sessions in the third week of March
  - 2. Two additional sessions also held that week focused specifically on fidelity monitoring for ACT and CST
- ii. Monitoring will focus on services shaping
  - 1. ACT Fidelity Review
  - 2. CST Fidelity Review
  - 3. Clinical Record Reviews
- iii. Teams will include staff from DMH and the Collaborative
  - 1. Staff currently in two days of training, including inter-rater reliability checks
- iv. Collaborative and DMH staff will not yet conduct post-payment reviews of Medicaid and non-Medicaid billings (they are still undergoing training in this area)
- v. Tools to be used will be posted on the web-site when finalized
  - 1. Tools will be revised as experience and need indicate.

- vi. Will solicit provider feedback at the end of the on-site review and upon receipt of the final report
  - 1. Monitoring will likely change and evolve. DMH and the Collaborative view this process as technical assistance for providers. It offers an opportunity for agencies to explain their service models, and compare these to service models in other areas of the state.
- vii. Will not impact all providers; roughly less than a third of the providers will be monitored this quarter
- viii. Results of monitoring will be aggregated for reporting to DMH Exec Staff and Quality Committee, which will determine what other input and review will be sought
  - 1. The Quality Committee will decide how to use and share the aggregated information.
- ix. Written descriptions of the monitoring process
  - 1. Presentation on monitoring, including flow chart of the monitoring process, and its intent were distributed as part of two training/overview events on March 25<sup>th</sup>
  - 2. Is the current version of rule 132 to be the basis of the monitoring?
    - a. Yes.
  - 3. Will there be a due diligence component: Concerns that the people with the greatest need may be the ones most skipped over-services documented but not delivered
    - a. Most providers have quality checks and Compliance Officers
    - b. DMH & the Collaborative are responsible for assuring that services billed and paid for were delivered. Documentation is critical.
    - c. Collaborative will have Resolution Coordinator and complaint process that will serve as an additional vehicle for reporting and detecting questionable documentation.
    - d. FFS provides incentives that may not result in the best services (Ex. providing more services that the individual needs or wants.).
    - e. Deemed status would be very helpful. If there is an instance where a provider feels that it is redundant because of deemed status then they need to let DMH know.
- x. Previous monitoring reports: DMH sent out an aggregated report that is available on the DMH website.

**d. Management Information Systems/Information Technology**

- i. Ongoing dialogue with provider focus group members- last meeting on March 28
- ii. Three-day intensive meeting last week with Collaborative and DMH staff to finalize key decisions and data structures
  - 1. Need to keep in mind how can the data structure be done in a way to meet our future needs
  - 2. Suggestions on data needs?  
Contact Dr. Mary Smith: [MaryE.Smith@illinois.gov](mailto:MaryE.Smith@illinois.gov)

- iii. Statewide “ROCS” conference call scheduled for April 15 to review IT plan and issues with entire provider network
      - 1. Additional information on software and data requirements will be discussed on the 15<sup>th</sup>.
      - 2. FTP File transfer protocol will remain possible
      - 3. DMH and the Collaborative will try to have documents ready ahead of time.
- e. **Monthly meetings with ACT and CST Team Leaders initiated in March.**
  - i. Plan to initiate “Provider Connect” for these teams, allowing electronic exchanges and, thus, facilitating the authorization process.
    - 1. Transitional authorizations (shown on report) are the authorization signaling when a person came up to be reauthorized.
- f. **Consumer Training Events**
  - i. Over 600 participants attended events in the three locations
  - ii. Focused on Recovery & Resiliency.
  - iii. Participant Feedback-Tom Troe report the following:
    - 1. Information – very good; follow up needed.
    - 2. Very motivational in regards to hope of recovery.
    - 3. First 30 - 40 minutes- too heavy in statistics.
    - 4. Need to understand what the actual benefits of the collaborative are for consumers
    - 5. Right amount of service, at right time....concept needs to be further developed/defined.
    - 6. Will take a lot of outreach to involve consumers.
    - 7. Focus more on what is in it for the consumer; how the Collaborate is a consumer benefit.
  - iv. DMH plans to do training for consumers on a regular basis at different locations.
    - 1. Bryce will develop a calendar of events.
    - 2. Suggest these be more often & smaller groups; use provider agencies to reduce costs.
  - v. Nanette Larson moderated teleconferences for consumers.
    - 1. Recommend that her presentation topics should be added to the consumer handbook.
    - 2. Presentation could be posted on Collaborative website.
- g. **Consumer Complaint Line**
  - i. Consumer complaint line has a Resolution Coordinator who will document the complaint and work with person filing complaint.
    - 1. If it concerns a provider, it will go to the regional director. The Collaborative will monitor the closing of loops and report back to DMH.
    - 2. The Collaborative will produce a call report that will show the type of call. This data will be shared with the DMH Quality Management Committee.
- h. **Provider Data Verification to establish database**
  - i. Collaborative now has responses from all but one provider.
  - ii. Status review of ASO Readiness completed in 1 1/2 day meeting with the Collaborative; MIS ASO Readiness review guided with consultation

from former MIS Director for DHS and HFS is scheduled; will be ongoing process.

**i. Standardization of forms**

- i. Majority of providers support standardization of forms.
  - 1. Benefit is enhanced compliance for audit purposes.
  - 2. Concern about ensuring that forms can work with providers' electronic record systems.
  - 3. Overriding concern is that forms' content and information satisfy federal and state audit requirements.
  - 4. What percentage of agencies have electronic health records? An electronic record system is essential for sustaining operational efficacy and efficiency.
  - 5. McHenry County has been working on standardized psychosocial forms. Now debating whether consumer should sign the treatment plan.

**V. Systems Restructuring Initiative**

**a. Discussion of outstanding issues from prior SRI ASO committee**

- i. Should a separate group be set up to work through these issues but report to SRI group?
  - 1. DMH has no one to staff another committee.
- ii. Some issues listed are outside the scope of the SRI group.
  - 1. Payment rates for services-can a rate committee be set up?
- iii. Some issues are contract issues-should this committee address these?
- iv. SRI Committee needs to decide what issues can be referred to other IMHPAC committees.
- v. Some issues need a comprehensive lobbying/advocacy approach.
  - 1. More of a challenge to mobilize; DMH is limited in what advocacy it can undertake
  - 2. Following the Children's Mental Health Partnership Model, IMHPAC is looking into a similar advocacy approach.
  - 3. Suggest working with advocacy groups to further the Committee's agenda
    - a. Some advocacy groups have initiated legislation to address key issues.

**b. Service Access**

- i. Service access has statewide implications.
- ii. Can we begin to see data on all DMH funded services provided statewide?
  - 1. It is beginning step; baseline data for future comparisons
  - 2. Review of historical service utilization patterns; how will we evaluate the underlying usage patterns? How would we parse that data?
  - 3. How can we assure that as consumers move from community to community they will have access to comparable care?
    - a. One of the functions of the ASO is to look at the uniformity of care.
    - b. Current disparities are at least partially the historical product of the grant-funded system
- iii. Access issue-are all services available in all areas?
- iv. Identify access barriers- ex. transportation in rural areas.

**c. Rate Setting**

- i. Is the rate setting process flawed?
  - 1. Fundamental difference in opinion. Any interest in updating the model?
    - a. HFS does not negotiate its rate models.
    - b. Can rate model be shared?
  - 2. Can rates be increased to adjust for increased cost of doing business (CODB)?
    - a. Chris Power has requested historical info from advocacy groups on rate increases, CODB
      - i. Terry Carmichael will provide DMH with historical rate/CODB information.
    - b. Grants subsidized the rates prior to conversion.
    - c. Is CODB need different for metro agencies and rural agencies?
      - i. Chicago providers have to pay more for staff and cost of living.
      - ii. Rural areas have to pay more for transportation.
      - iii. Every agency needs more money.

**d. Next Steps on Outstanding SRI Issues**

- i. Suggestion that we focus on service access.
- ii. Report on SRI issue discussion at next IMHPAC meeting.
- iii. Ask DMH for updates on these items at each committee meeting.
- iv. Identify which issues we can tackle.
- v. Like to maintain a balance: one financial issue/one consumer issue
  - 1. Develop work plan, recommendations, next step, and recommendation to the larger group,
- vi. Monitor contract issues.
- vii. Take to the larger group the issues of resource development and advocacy.

**VI. Proposed Meeting Agenda-May 8th**

- a. Update on committee member recruitment
- b. Finalize Draft Goals and Objectives
- c. Children's Services Presentation by DMH /Collaborative staff
  - i. Overview of all DMH funded children's services
  - ii. Role of the Collaborative in ICG process and other services
  - iii. Communication: how the ASO connects with parents
  - iv. Overview of various partnership and advocacy groups
  - v. Application of resiliency concept in children's services
- d. Discussion of identified children's service issues
- e. Update from DMH and the Collaborative
  - i. Consumer issues update
  - ii. ROCS MIS update
  - iii. Standardized documentation update
  - iv. Provider payment and contract issue update
  - v. Other updates
- f. SRI
  - i. Service Access discussion
  - ii. Model Rates
  - iii. Other issues