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October 7, 2011

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Leonard D. Simmons, Jr.Jody Levison-Johnson, Director
Coordinated System of Care
628 N. 4th St.
Baton Rouge, LA 70802.

Dear Mrs. Levison-Johnson:

In April of this year, the Region 3 community of about a hundred stakeholders met for the first time to discuss the new Coordinated System of Care (CSoC), and to decide whether or not to respond to the Phase I RFA. After a power point presentation and Q&A on the CSoC, we broke into three groups - a Wraparound Agency (WAA) group, a Family Service Organization (FSO) group and a Steering group. When we reconvened, it was the consensus of all attendees that we would not respond to the Phase I RFA, but would begin to prepare for the implementation in Phase II. When the community was asked for those willing to become the WAA, Volunteers of America GNO (VOA) was the only agency willing to assume this responsibility. At that time, no one expressed an interest in becoming the FSO. We then formed a WAA Selection Committee, an FSO Selection Committee and a Steering Committee. All committees met monthly for several months and began by attempting to recruit agencies with an interest in becoming the WAA and FSO. Eventually, North Shore Families Helping Families (NSFHF) stepped up as the FSO and VOA confirmed its commitment to becoming the WAA. Eventually, each selection committee thoroughly screened both agencies and recommended them to the Steering Committee by unanimous vote. Both agencies then presented their capacity, capability and commitment to perform in these roles to the satisfaction of all members of the Steering Committee. The selection committees were then disbanded and members of these committees joined the Steering Committee. Steering Committee members are now beginning the process of reaching out to families, providers, state agencies, schools and other essential stakeholders in order further educate them about the CSoC process and the development of the Region 3 community thus far; and to seek their active participation in and support of our developing CSoC community.

As the WAA for the Region 3 proposed CSoC Community plan, Volunteers of America of Greater New Orleans would like to request a formal and specific written response from the Coordinated System of Care Statewide Governance Board regarding the following conflict of interest questions.

Volunteers of America
of Greater New Orleans
is accredited by CARF
and ACA

Page 52, B of the RFA states “Because of the inherent conflicts of interest that might arise if WAAs also directly provide the services they manage, WAAs will not also act as service providers.” A conflict of interest only exists if the relationship somehow transfers some financial or other advantage that would not otherwise exist. It is our position that none of the programs Volunteers of America operates in CSoC Region 3 provides services equivalent to the behavioral health services that are managed by the WAA, that no material advantage – financial or otherwise - attaches to our agency because of our role as the WAA and therefore no conflict of interest exists. We want to assure that the CSoC agrees with our assessment that there is no conflict.

The two programs at issue are:

Our **Intensive Case Management (ICM) Program** provides outpatient mental health case management to up to 15 adults with severe mental illness in CSoC Region 3.

- These services are funded by a cost reimbursement contract from the Florida Parishes Human Service Authority (FPHSA) so client referrals do not impact the bottom line. We do not bill on a per client, per diem or fee for service basis and our role as the WAA would in no way benefit our agency financially or otherwise. No advantage would be gained since additional clients would in no way benefit our agency.
- Volunteers of America can only serve adult clients referred by the FPHSA. No other entity can refer – including our agency as a provider and/or our agency as the WAA.
- We intend to build in policy and procedure restrictions (See RFA, Pg. 52, B) to the ICM and WAA that would both prohibit the ICM program from accepting any WAA clients transitioning into adult services, as well as prohibit the WAA from referring to the ICM program. Transitioning clients would be referred to and be served by other agencies providing these services.

Since the ICM program only accepts referrals from the FPHSA, since it cannot accept referrals from the WAA or our agency, since we are willing to build in CMS approved firewalls which eliminate conflict of interest by prohibiting the ICM program from accepting referrals of clients who are transitioning out of the CSoC, as well as by prohibiting the WAA from referring to the ICM program, and since there is no possible monetary or other advantage to Volunteers of America; we would like to request a ruling that our ICM program does not create a conflict of interest. If this ruling does not go in our favor, and in order to provide service as the Region 3 WAA, we would probably have to cease delivery of these ICM services.

Our **Crisis Response Program (CRP)** provides assessment and short-term case management follow up for individuals who attempt suicide in St. Tammany Parish.

- The only way for an individual and his/her family to receive services from the CRP is to attempt suicide in St. Tammany Parish,

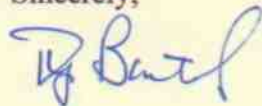
and then only if the first responder – usually a St. Tammany Sheriff's Deputy - responding to the 911 call for the attempted suicide, calls the Crisis Response Program for assistance.

- These services are funded by a cost reimbursement cooperative endeavor agreement between St. Tammany Parish and VOA. Additional referrals do not create a financial or other benefit for VOA. We do not bill on a per client, per diem or fee for service basis. The source of funding is local parish funding and not in the specific proposed array of services to be funded by the CSoC.
- When summoned to the scene by a deputy, Counselors help calm the individual, and provide a brief assessment to help the deputy determine whether or not the client should go to the local ER. Case managers follow up with the individual and family to ensure that appropriate referrals for services are made. Since our agency does not provide behavioral health counseling services in CSoC Region 3, no self referrals back to our agency are possible.
- All referrals made by these case managers are to agencies external to our agency.

Since the Crisis Response Program is funded with local parish funds, makes no referrals to any Volunteers of America behavioral health programs, accepts no referrals from anyone other than St. Tammany Parish first responders, and would receive no financial advantage no matter what happens, we would like to request a ruling that our Crisis Response Program does not present a conflict of interest. We would of course be willing to comply with all CMS firewall requirements. An adverse ruling regarding the Crisis Response Program would probably necessitate our withdrawal as the WAA for CSoC Region 3. It is our position that since there is no material advantage that could attach to other programs operated by Volunteers of America as a result of our agency functioning as the WAA, no conflict exists. In addition, any perception of conflict could easily be handled by building in policy and procedure firewalls between the management of service by the WAA and our delivery of the services in question. It is also our position that if a conflict is somehow deemed to exist, it could be resolved with a CMS waiver.

We request a formal written response to the questions we have posed as well information regarding all administrative remedies available to us so we can appeal the decision(s) should you disagree with our conclusions.

Sincerely,



Ty Bartel, Director
North Shore Services
Volunteers of America GNO

Cc: James M. LeBlanc, President/CEO
Volunteers of America GNO