

**Coordinated System of Care
Statewide Governance Board Meeting
April 23, 2015
Bienville Building, Room 1-173, 628 N. Fourth St., Baton Rouge, LA 70821
Minutes**

The meeting was called to order by Suzy Sonnier.

Roll Call

Board members present:

Michael Comeaux
Kathy Edmonston
Hugh Ely
Mary Livers
Lauren Gleason
Suzy Sonnier
Mark Thomas

Board members absent:

Annette Gaudet

Approval of Minutes

Suzy Sonnier reported that the minutes from the last meeting were distributed to members. With no corrections reported, Suzy Sonnier requested a motion to approve the minutes. Mary Livers moved and Hugh Ely seconded the motion to approve the minutes of the January 22, 2015 meeting. A vote was taken with Michael Comeaux, Kathy Edmonston, Hugh Ely, Mary Livers, Lauren Gleason, Suzy Sonnier and Mark Thomas voting “yes.” There were no votes in opposition and the motion passed unanimously.

Suzy Sonnier asked the board for an approval to move New Business to the top of the agenda allowing the board an opportunity to hear Karen Stubbs, Deputy Assistant Secretary, Division of Health Plan Management, Office of Behavioral Health, and Dr. Janice Petersen, Deputy Assistant Secretary, Division of Adult, Child and Family Operations, Office of Behavioral Health, discuss DHH-OBH integration into the five Bayou Health Plans. It was moved by Kathy Edmonston and seconded by Mary Livers to approve the changes to the agenda. A vote was taken with Michael Comeaux, Kathy Edmonston, Hugh Ely, Mary Livers, Lauren Gleason, Suzy Sonnier and Mark Thomas voting “yes.” There were no votes in opposition and the motion passed unanimously.

New Business

Karen Stubbs, Deputy Assistant Secretary, Division of Health Plan Management, Office of Behavioral Health gave the board an update on the integration to Bayou Health. Karen Stubbs reported the following:

- A series of four Advisory Group Meetings have been conducted since January 2015, with good attendance. The last of these meetings will be held on Wednesday April 29th, 2015. Everyone is invited to attend the final meeting.
- As a result of the Advisory Group meetings, many recommendations on integration were given to OBH. These recommendations were compiled and summarized. OBH provided feedback on the

recommendations. The summary of recommendations will be presented at the final Advisory Group Meeting on April 29, 2015.

- Deputy Assistant Secretary Stubbs reported she took back Kathy Edmonston's suggestion to include peer representation on the Advisory Board to OBH leadership. The OBH leadership has made sure to include peer representation at all of the advisory group meetings.
- In addition to the Advisory Group Meetings, there will be a number of focus group meetings held with peers and current consumers of services in an informal dialogue lead by Dr. Rochelle Dunham, Assistant Secretary, Office of Behavioral Health.
- On May 29, 2015, there will be a meeting with DHH Medicaid, OBH leadership and providers to address current issues and concerns.
- OBH just completed conducting the state wide Block Grant Forums for the Substance Abuse Prevention and Treatment (SAPT) Block Grant in 10 locations. Integration was the primary topic of discussion. Some forums had more consumers in attendance and others were more provider focused. Many questions of integration were asked and answered.
- OBH leadership had a daylong meeting with the 5 Bayou Health Plans to give an overview of all Behavioral Health services. A meeting to discuss specific topics will be scheduled at a later date.
- To address the concerns expressed by providers that are looking for alternatives to electronic health records as the result of the scheduled decommissioning of Clinical Advisor, an Electronic Health Record Vendor Fair will be held on May 21, 2015, in Baton Rouge. This will be an all-day event in Bienville Building Room 118 and is open to all providers. The fair will include vendors of electronic health records and perhaps electronic billing clearinghouses. There is no recommendation for a specific electronic health record. The event will provide information so that the providers can choose the one that is right for them. The providers will be able to come and meet with the vendor's face-to-face to ask questions and/or address concerns. The 40 vendors, located on the "Making Medicaid Better" website, have been asked to be present at the Electronic Health Record Vendor Fair. At the present time, eight vendors have confirmed their attendance.
- The Louisiana Healthcare Quality Forum, which is responsible for the Louisiana Health Information Exchange (LaHIE), will also provide webinars to address the needs of providers that may be unable to attend the electronic Health Record Vendor Fair.

Suzy asked if the 5 Bayou Health Plans would have their own electronic health records. Karen responded the 5 Bayou Health Plans do not have their own electronic health records; however, they have electronic billing systems through electronic clearinghouses that will allow providers to submit electronic claims.

Kathy asked if OBH was encouraging the Bayou Health Plans to obtain an electronic health record system. Karen responded that the electronic health record is not required. This was not a requirement for Magellan; however, Magellan's management decided to bring in an electronic health record.

Suzy asked how referrals would be made, as currently some are being made through Magellan's Clinical Advisor. Karen responded that the Bayou Health Plans will have web base billing and referral systems. Each plan will have its own system and each one will be slightly different. While she could not speak to the particulars of each system at this time, she did report that none of the systems will have the capacity to

allow providers to enter progress notes. Mary Livers asked if the providers will have to bill each plan. Karen responded yes and noted that the plans contract with most of the current clearinghouses. OBH will complete a crosswalk to see which, if any, clearing houses are not contracted with the 5 Bayou Health Plans.

Suzy asked how this change would impact CSoC and questioned if the WAAs use Clinical Advisor. In addition, she asked if other referrals besides DCFS and OJJ were made through Clinical Advisor. In response to this question, Connie reported that the WAAs use Clinical Adviser on a limited basis. Karen reported that WAA's dependence on CA is much smaller than other behavioral health providers.

Kathy reported that she recalled issues with providers using the web based billing when CSoC first began. These issues were resolved but she expressed concern about the billing process during the transition. Karen reported that Magellan had begun informing providers that Clinical Advisor is proprietary to Magellan and it will be decommissioned. Therefore, Clinical Advisor will not be available to the BHP come December 1. Magellan will be having more communication and training for providers in the future.

Suzy asked if there were other questions for Karen related to the integration.

Mark Thomas inquired about the current status of CSoC as it relates to integration. Karen reported that CSoC and the 1915 c Waiver will remain. OBH is currently considering some small changes to CSoC. The following changes are under consideration: 1. Remove crisis stabilization from the c waiver and add to state wide plan so that all youth on Medicaid will have access to crisis stabilization; and, 2. Add therapeutic foster care as a respite service. The goal of the proposed changes is to increase access to crisis stabilization and respite services not only for CSoC youth but all youth eligible for Medicaid. OBH is in the process of drafting these changes and expects to submit the changes to the Centers for Medicare and Medicaid Services (CMS) by June 1, 2015. OBH is seeking CMS approval in order for the changes to go into effect by December 1, 2015.

Kathy asked if the crisis stabilization was currently part of the c waiver. Karen reported that crisis stabilization has been a part of CSoC. However, due to the low number of youth eligible to use this service, it has been difficult for providers to offer this service.

Kathy asked for the definition of Crisis Stabilization and Short Term Respite, including information on the possible locations where the service could be provided. Connie reported this information can be found in the LBHP Service Definitions Manual. Connie stated she would supply the definitions for these two services and the link to the LBHP Service Definition Manual in the meeting minutes. (Please see below) Without the SMO, Mary asked who will take the lead and responsibility to start working with the law enforcement to educate them on the options for using the Crisis Stabilization centers rather than arresting the youth or placing them in a detention center, if appropriate. From the OJJ's perspective, providing a counselor in the space for a youth to cool down is part of the value of systems of care. Karen reported in the contract amendment with the 5 BHPs, that each plan will have their own liaisons to DCFS, OJJ, judges and law enforcement and education so that they can speak directly to their respective audiences about their benefits and services.

Mary asked if Karen could name other functions that would be managed centrally. Karen reported that getting quality metrics from the WAA on reporting as well as training and outreach will be managed centrally. Dr. Petersen reported that they having conversations with OBH leadership and that the administrative functions that Magellan does for CSoc will become will be a part of OBH's responsibility.

Definitions: Louisiana Behavioral Health Partnership (LBHP) Service Definitions Manual http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/LBHP_Service_Definitions_Manual_8.15.14.pdf

Section 1.4: Short Term Respite Care

"Short term respite care provides temporary direct care and supervision for the child/youth in the child's home or a community setting that is not facility based (i.e. not provided overnight in a provider-based facility). The primary purpose is relief to families/caregivers of a child with a SED or relief of the child. The service is designed to help meet the needs of the primary caregiver, as well as the identified child. Respite services help to de-escalate stressful situations and provide a therapeutic outlet for the child. Respite may either be planned or provided on an emergency basis. ... Short term respite care can be provided in an individual's home or place of residence or provided in other community settings, such as at a relative's home or in a short visit to a community park or recreation center. Respite services provided by or in an Institution for Mental Disease (IMD) are not covered..."

Provider Qualifications:

*Direct Support Worker-Be included on the Direct Service Worker Registry
Respite Care Services Agency-Licensed per Act 483 of 2005 Respite Care Services Agency
Agency-Personal Care Attendant-Louisiana Revised Statutes 40.2006
Crisis Receiving Center- Licensed per Revised Statues (RS) 28:2180.12
Center-Based Respite- Licensed per Louisiana Administrative Code (LAC) 48:I.8101-8167*

Section 1.5: Crisis Stabilization

"Crisis stabilization is intended to provide short-term and intensive supportive resources for the youth and his/her family. The intent of this service is to provide an out-of-home crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of the youth by responding to potential crisis situations. The goal will be to support the youth and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. During the time the crisis stabilization is supporting the youth, there is regular contact with the family to prepare for the youth's return and his/her ongoing needs as part of the family. It is expected that the youth, family and crisis stabilization provider are integral members of the youth's individual treatment team.

Limitations/Exclusions: The duration of services is pre-approved for up to seven days per episode, but the typical length of stay is often shorter than seven days. Additional days can be authorized with prior approval from SMO or in a SMO approved POC. No more than 30 days of crisis stabilization is permitted per child, per year."

Provider Qualifications:

*Respite Care Services agency: Licensed per ACT 483 of 2005 Respite Care Services Agency.
Crisis Receiving Center: Licensed per RS 28:2180.12.*

Center-based Respite: Licensed per LAC 48:1.8101-8167.

Director's Report

The Director's Report was presented by CSoC Director Connie Goodson. The full report may be viewed at www.csoc.la.gov/index.cfm/page 1480.

The following comments and questions were discussed based on the information presented in the Director's report.

- Suzy asked: What is the percent of wraparound facilitators that have been trained by the University of Maryland?
 - Connie responded: Wraparound Agencies are required to have all of their direct care staff complete the Introduction to Wraparound as a condition of their agency certification. The University of Maryland is responsible for conducting all wraparound training until the end of the current contract.
- Kathy asked: What is the average time that a youth is in CSoC?
 - Connie responded: Approximately 12 to 18 months
- Mary asked: How are the metrics reported for Member Referrals in Appendix A: Referral Data?
 - Connie responded: The referral data is reported at the end of each quarter.
 - Mary requested that the referral information be trended from one quarter to the next in the future reports.
- Mary asked how are the metrics gathered and reported in the School Performance Measures beginning on page 12?
 - Connie responded: Accurate school data has been difficult to obtain since most of the data relies on self-reports from the youth and their families to their wraparound facilitator. The WAAs are continuing to reach out to the schools to build partnerships; however, due to recent legislation, there are many restrictions placed on the schools related to sharing student data. Challenges in working with the schools across the country were addressed by Dr. Bruns during his January presentation to the Board. Mike Comeaux, DOE representative on the Board, offered to connect Connie to a colleague at DOE who may be able to assist. Connie will follow up with the contact.
- Kathy asked: How many children enrolled in CSoC have an IEP or a 504 plan?
 - Connie responded that she will follow up with Magellan to obtain this information, if possible.
- Mary asked: What is the percentage of children that are referred to CSoC but do not meet CANS clinical eligibility requirements?
 - Connie responded that she will follow up with Magellan to obtain this information, if possible.

Suzy Sonnier requested a motion to accept the Director's report. Michael Comeaux moved and Kathy Edmonston seconded the motion to approve the director's report. A vote was taken with Michael Comeaux, Kathy Edmonston, Hugh Ely, Mary Livers, Lauren Gleason, Suzy Sonnier and Mart Thomas voting "yes." There were not votes in opposition and the motion passed unanimously.

Committee Reports

Finance and Audit Committee:

Suzy reminded the Board and attending public that the Finance and Audit committee meets on an 'as needed' basis. There have been no meetings in this quarter.

Quality Assurance Committee (QAC):

Michael Comeaux reported that the QAC last met on April 8, 2015. The committee is looking to develop a more comprehensive review of the quality data to ensure that the data reflects and informs progress on the goals of CSOC. These include: reducing out of home placements, improving functioning for youth and their families, and reducing overall costs by providing assistance to youth to avoid costly high end services such as hospitalization.

Suzy Sonnier requested a motion to approve the committee reports. Mary Livers moved and Hugh Ely seconded the motion to approve committee reports. A vote was taken with Michael Comeaux, Kathy Edmonston, Hugh Ely, Mary Livers, Lauren Gleason, Suzy Sonnier and Mark Thomas voting "yes." There were no votes in opposition and the motion passed unanimously.

There was no unfinished business reported.

Public Comment

Shelia Jordan reported that Ekhaya, in conjunction with Magellan, is hosting Youth Day at the Capital on May 7, 2015. Mental health Day at the Capital will be May 11, 2015. Kathy Edmonston reported that April 29, 2015, is Disability Day at the Capital.

Action Items

No action items were reported.

Adjournment

Suzy Sonnier requested a motion for the adjournment of the board meeting. Mary Livers moved and Kathy Edmonston seconded the motion to adjourn the April 23, 2015, Statewide Governance Board Meeting. A vote was taken with Michael Comeaux, Kathy Edmonston, Hugh Ely, Mary Livers, Lauren Gleason, Suzy Sonnier and Mart Thomas voting "yes." There were no votes in opposition and the motion passed to adjourn the meeting.