



**Network Council  
Meeting Minutes  
September 2, 2010  
1:00 PM - 4:00 PM**

**Members Present:**

**David Jones, PBH Clinical Operations  
Cynthia Benjamin, PBH Network Ops  
James Johnson, S.T.E.P.S.  
Benjamin Millsap, Monarch  
Angela Gill-Graham, PBH QM  
Chuck Hill, PBH Network Ops  
Craig Hummel, PBH Medical Director  
Gregory Yousey, LIP  
Leslie Mussington, Daymark  
Renee Snipes, PBH Finance  
Steve Tomlinson, PBH Network Ops**

**Flay Lee, Hope Haven  
Dawn Allen, GHA  
Bonnie Schell, PBH Consumer Affairs  
Peggy Terhune, Monarch  
Jeanne Duncan, RHA  
Sarah Boyd, CFAC  
Dawn Anderson, Home Care Mgmt  
Janet Breeding, GHA  
Treva Johnson, Omni Visions  
Tammy Gilmore, PBH CCD**

**Absent: Bill Rankin, PBH QM; Billy West, Daymark; Diana Duncan, Diana's Home Care**

**Guests: None**

Welcome and Call to Order – Dawn Allen

The meeting was called to order. Everyone was welcomed.

Review and approval of minutes from June 3, 2010 and July 30, 2010 meetings

Dawn asked everyone to review the above minutes. Greg made the motion to approve the June 3 minutes. Steve seconded. All agreed. They were approved as presented. Error's in the July 30 minutes were found to include the date of the meeting and information regarding inter-rate reliability. Bonnie made the motion to approve those as amended. Leslie seconded. All agreed. They were approved as amended. Dr. Hummel requested to be added to the agenda.

- A. Bylaws update- Steve Tomlinson – Steve stated the bylaws do not reflect Tammy Gilmore's position as a member and this needs to be corrected. Flay seconded the motion and all agreed. Steve made the notion for the Past President to be a full voting member. Janet seconded the motion and all agreed. Steve announced that Niels Eskelsen is no longer with PBH. Renee Snipes will be replacing him on the Council to represent PBH Finance. Last year an additional DD provider was voted to the Council in error. Steve asked if the Council wants to have three DD providers or remain at two after James rotates off at the end of this year. James made a motion to have three DD representatives. Steve seconded the motion and all agreed. These amendments will be made to the bylaws.

Greg Yousey stated he represents a large population of providers, LIP's. He would like to discuss adding at least one more LIP to the membership. Flay stated there is no formula to decide how many members should be on the Council. James stated there had been problems in the past getting an LIP on board. Steve suggested there should be more than just one more LIP added. Steve made

a motion to add three more LIP positions, for a total of four. Cynthia seconded the motion and all agreed. The bylaws will be amended to reflect this. Chuck asked if these LIP positions should be county, regional disability based or specialty based. Cynthia stated the Nominating Committee will create a criteria.

The rules for a quorum would not change. The possibility of the use of technology as a means of members being a part of the meetings when unable to physically attend was discussed at the retreat. This would help with meeting that quorum. It was agreed that those unable to attend but able to participate by conference call would need to call Shelby Marlow, PBH Administrative Assistant, by 10am the day of the scheduled meeting in order to prepare for the call.

- B. Review Roster for Council Members Rotating Off- everyone was asked to review the handout of the Council members and the year their term ends. All agreed their term is correct.
- C. Nominating Committee - *Flay Lee* - Two current members' terms end this December. The Nominating committee Chair was asked to identify the interest these members may have to continue to serve or if new members will need to be recruited. Flay will look into this and the officers to be elected. Angela will help with this and they will report back at the October meeting. Cynthia agreed to get contact information for the hospitals in the PBH catchment area and forward to Flay for recruitment. We will need bio's for all nominees to post to the website prior to the November Provider meeting.
- D. Review Goals from Retreat –Committee – Dawn asked everyone to review the goals created by the Council at the retreat last month. These are included in the minutes. #2, More emphasis on task as a workgroup rather than receive updates, the group did a good job of this at today's meeting. #3, Improving LME and provider partnership, Dan attended and presented at the August Provider Meeting and there was a good attendance by providers. #4, Bylaws revision-create bylaws committee, no need for this committee, whole group did well on this today. #5, Keep Provider Network informed of healthcare reform initiative and getting information about changes at the state level, need to have this as a standing agenda item for all to report what they know. #6, Increasing attendance at Provider/Council meetings-maybe the use of technology to help this, this would be good for providers out of the area, good accountability. Chuck will gather information on how to make this happen. Perimeters will need to be put around this  
  
Steve will create a grid to track these goals and the group will prioritize them. The Council can then report accomplishments back to the providers at the end of the year.
- E. Update on Billing Cycle Research- *David Jones*- David researched this. The PBH CI system is set up as Medicaid is. Weekly service starts the day the service starts. PBH will have to follow Medicaid.
- F. Release of Information follow up – *Greg Yousey/Steve Tomlinson* – Greg stated he and his peer group is frequently getting requests from different PBH departments for consumer information. He understands the need to release information for the purpose of audits but is unclear on releasing information to PBH for other purposes, such as Care Coordination Department. Bill Rankin responded by email stating: PBH Care Coordination Department (formerly PDS) is not a service provider; they provide managed care functions for the LME. PBH as a managed care entity has a responsibility to monitor the provision of services. The C Waiver has specific requirements related to monitoring service provision, ensuring health and safety, etc. PBH can request any service documentation that a provider has created/developed in provision of PBH funded services without a signed consent. This is consistent with HIPAA which states that entities that have a contract can exchange Protected Health Information (PHI) for the purpose of treatment, payment and healthcare operations without consent. This is also consistent with PBH provider contracts page 3 section 4 of the contract and Sections 19 and 20 of the General Conditions and Records and Documentation

Manual for Providers of Publicly-Funded MH/DD/SAS CAP-MR/DD Services and LMEs-APSM 45-2. However, if a provider had documentation obtained from another source or if a provider had documentation completed not on behalf of PBH, we should have to have a consent \*e.g. hospital discharge reports that outpatient therapist has, evaluation conducted on behalf of local school system) If anyone has questions regarding this they are requested to forward them to Shelby Marlow on Bill Rankin's behalf. Bill will respond at the next meeting.

- G. Presentation on Support Needs Matrix Workgroup Update – *Tammy Gilmore* – The SIS is a standardized assessment tool focusing on the needs of consumers which arrives at scores for the Support Needs index. PBH started doing the SIS in 2005 with no plans to attach to funding. Overtime this has changed. Over a year ago the Support Needs Matrix (SNM) was developed. Now people are paying attention and getting engaged with it. By the end of 2010 everyone will have had a SIS done in either 2009 or 2010. Two rounds of training have been done, 1<sup>st</sup> by AAIDD and then by the SIS team with PBH. SNM is amended in the Innovations Waiver to match funding with consumers needs. A packet has been mailed to families. Success has been achieved by the stakeholder workgroups with providers and CFAC. PBH has been getting family and provider input on issues at the same time. There was a lot of learning on all sides. PBH sets policies and gets their feedback on training materials, education, etc. This has been a huge benefit to PBH. The Waiver Alert is a product of this stakeholder group. This will be updated regularly. Assumptions are services and frequency of services for funding. There are seven categories to be funded. Workgroups have reviewed data presented and are working on finalizing these assumptions. These fundings are attached to new consumers coming into the Waiver. There are over 600 consumers needing a transition plan. There is a three year time line to get all this done. PBH wants to transition people slowly for those that will have changes. We want everyone funded appropriately for their needs. Currently those with less needs get more services and those with more needs are getting less service. We need to balance this. PBH has listened well to all the feedback of the workgroups. PBH wants to be transparent with this transition. DMA is please with how PBH has handled this and likes the stakeholder groups. Dawn Allen stated the workgroups are really drilling down and going through data and giving questions to PBH that have been addressed. PBH used to work with consumers with the most needs; now they will go by who is on the wait list first, although emergencies are taken care of. Tammy stated trainings will continue. Care Coordinators are mentioning these changes to families in general. Support Planning Guidelines will start with the point people enter B3 Waiver through the planning process, etc.

Provider trainings are coming. Andrea Misenheimer is designing talking points for providers and Care Coordinators to be on the same page. Those receiving DD services outside the Waiver are to have a SIS every three years. This has not happened and is being addressed.

- H. Provider Cultural Competency Update – *Cynthia Benjamin* – this committee meets every other month. They have provided two trainings this year and training is scheduled for November 29<sup>th</sup> at Copperfield. This training will be for six hours and they are working with Charlotte AHEC on providing CEUs. There may be a small fee.

Cynthia informed the Council the Provider Relations Managers are contacting their providers that are not yet accredited for updates. If these providers do not meet the deadline it will be reported to DMH.

- I. Sanctions Grid – *Cynthia Benjamin* – Cynthia stated she, Chuck Hill and Jill Queen met to review the Sanctions Grid. It needs to be revised to state if an agency is frozen it should be on that particular service only. They will meet again on September 28<sup>th</sup> and keep the Council updated.
- J. State Hospital Discharges with Meds – *Dr. Hummel* – he met with the LME Directors. State hospitals will supply consumers with only one week of meds at discharge for safety reasons. Dr. Hummel has emailed CCPs and other providers of this and requested they try to get consumers in

with their psychiatrists sooner. People will fall through the cracks. Within PBH there are 20-30 discharges per month from state hospitals.

K. Council Representative Updates, Questions, Requests and Comments -

Greg stated he had spoken with a provider regarding a consumer wanting group, not individual and they can't get the plan changed. Tammy asked him to give her a call regarding this.

Peggy informed the Council the College of Direct Supports out of the University of Minnesota is offering to direct support employers for free (vocational sites only). This is a web based module. Monarch is getting this grant and looking for a site that has not used this before and do training. If anyone is interested in either please let Peggy know.

The next scheduled Council meeting falls on the week of the annual Provider Conference. Several Council members will be attending the conference. It was agreed to postpone the October 7<sup>th</sup> meeting to October 14<sup>th</sup> at 1:00 at Copperfield.

PBH has an agency goal to reduce the use of Emergency Rooms. A new committee has been formed to include 1<sup>st</sup> Responders, Mobile Crisis, CRCs and Crisis Walk In providers. If you have any issues please get them to Chuck, Bonnie or Dr. Hummel.

Flay announced a PASAPA training on October 9<sup>th</sup> at Copperfield. He also informed the Council that Path of Hope will be having an open house on September 3<sup>rd</sup>.

Steve informed the Council of Implementation 77. Financial intakes are to reflect income and the number of people in a household. Providers are asked to do update intakes on consumers in October. PBH is looking at ways to offer training to providers of how to maneuver intakes. The state is studying the healthcare reform to determine the future of those on Medicaid. Chuck stated there is an issue with social security numbers. There will be no state funding to those with an invalid social security number and tax ID numbers cannot be used.

Old Business – none

New Business – none

Motion was made to adjourn the meeting, all approved. The meeting was adjourned at 3:20 pm.

**The next meeting is October 14, 2010 @1:00pm**

**Minutes submitted by Shelby Marlow**

**Date Approved:** 10-14-10

**Signature of the Chairperson:** 