

STATE OF WEST VIRGINIA
THIRTEENTH JUDICIAL CIRCUIT
OFFICE OF THE COURT MONITOR
STATE CAPITOL COMPLEX
BUILDING 6, ROOM 850
CHARLESTON, WEST VIRGINIA 25305



LOUIS H. BLOOM
JUDGE

DAVID G. SUDBECK
COURT MONITOR

MEETING OF THE PARTIES

In E.H., et al., v. Khan Matin, et al.

WEDNESDAY JULY 28, 2010

MINUTES

PRESENT: Deron Wilkes, Susan Perry, Vickie Jones, Natalie Atkinson, Teresa Brown, Joshua Martin, Belle Manjong, Regenia Mayne, David G. Sudbeck, Sheila Kelly, dan connery

I. REVIEW OF MINUTES

Minutes reviewed and approved.

II. CSM UPDATE

The contract for utilization management review with CSM has finally cleared purchasing and as soon as the initial payment has been received on the first deliverable, CSM will work with the Office of the Court Monitor to finalize plans for the kick-off meeting. The Office has developed and circulated a list of members for the coordinating team previously. The list is representative of the members of the Parties and of provider groups.

III. TBI WAIVER UPDATE

Sheila Kelly stated that BMS will have a draft of the TBI Utilization Management manual to circulate by the timeline date of August 1, 2010. She and Marcus Canaday are finalizing edits to the draft and are in the process of contacting a couple neuropsychologists to review the Manual and provide input and feedback on the waiver from a clinical, community-based perspective. Marcus has begun the process of filling out the Application to CMS on line. Susan Perry inquired as to whether there is anything she can provide to expedite this process. Sheila responded that she believes that at the moment things were progressing well.

IV. BHHF REPORT

Vickie Jones reviewed the Department's progress to date on the group homes, care coordinators, supported living programs and day treatment programs. Pretera and Westbrook (Charleston, Huntington and Parkersburg) have been targeted for the first rounds of group homes and Supported Living slots. Pretera is well on the way to implementing their group homes but Westbrook appears to be having some problems finding properties. An AFA will be released very soon for the second year of implementation. The AFA will be available to any entity that can meet the requirements for participation (behavioral health license and CON). All of the care coordinators for the comprehensive centers have been allocated and many centers are in the process of hiring. The Bureau received several proposals on the AFA for independent care coordinators which have not yet been reviewed as the closing date was only this week. The last Community Supports workgroup has had some spirited discussions about issues of community based services.

Vickie is also proud to note that Bateman Hospital has been within its licensed capacity for at least three months due to an increase in number of beds and a decrease in number of admissions due to the efforts of community based providers such as Highland and Pretera.

Regenia asked about the problems with overcrowding at Sharpe Hospital related to forensic patients. Since the Overbedding work group is currently focused on forensic patients, Regenia was asked to join that group and agreed.

V. PETITIONER REPORT

Regenia Mayne inquired as to whether the public hearings regarding implementation of managed care have been scheduled. Susan Perry stated that approval by CMS for the timeline for changes to MCO's has just been released, and that though one meeting has occurred others will be scheduled in the near future. Sheila noted that the letter from CMS not only approves implementation of managed care with the TANF and SSI populations but also the medically eligible Medicaid populations and children with special medical needs. No date has yet been identified for phase in of those populations. The MCOs must demonstrate to the Department that they have recruited an adequate network of providers (particularly behavioral health providers) before the project can begin. Many of the Comprehensive Centers have not yet completed applications to all the MCOs and there is a suspicion among some members of the Parties that most private practitioners will not complete applications, particularly psychiatrists. Susan indicated that it was likely that implementation would be backed up a month or so to allow for the preliminary work to be completed. The TANF population was to have been phased in for behavioral health as of November 1, 2010; (the TANF population has been in managed care for primary health care for some time).

VI. SPECIAL ASSISTANT REPORT

Sheila presented a chart of admissions to diversion facilities that she had developed based on data provided by the BHHF. The chart compared numbers of admissions, number of service days and average length of stay for the last six months of 2009 and the first six months of 2010. If the data is accurate, it appears that while the number of admissions has gradually decreased, the length of stay/number of service days has gradually increased. Based on her chart reviews in various facilities, Sheila believes that this is caused by a number of factors including increasing medical severity of admissions, the practice of stepping down longer term patients from Sharpe to free up

acute care beds, and patients who need supported living such as nursing home or assisted living who “stall out” awaiting placement.

Sheila reviewed the de-identified cases of eight admissions to a hospital she visited only yesterday. These eight represented all diverted patients but one to that hospital on that day. Almost all of the eight had severe substance abuse problems and none could have been managed in community-based outpatient settings due to aggression, toxic levels of alcohol or drugs, or a history of potentially lethal suicide attempts. She suggested that it appears that the system may have reached a state of diminishing returns in its efforts to reduce admissions and diversions and that it may be necessary to begin to look at the system in the framework of a need for adequate numbers of acute care beds, particularly those providing detoxification and entry level addictions treatment. It appears that high levels of admissions in June are related to three issues:

1. Chronically non-compliant patients often seeking housing, meals and medications;
2. High levels of addiction; and
3. Long waiting periods for psychiatric appointments at some of the Comprehensive Centers. Psychiatrists are very difficult for Centers to recruit and although the centers can normally provide intake appointments within a reasonable period of time, appointments with psychiatrists are sometimes taking months to obtain.

The Special Assistant will be preparing a report based on some of her findings which should be released early in September.

VII. MANAGED CARE

David Sudbeck stated that he had a meeting with Judge Bloom last week to discuss the Request for Resolution filed by Plaintiff. Judge Bloom indicated that he tended to concur with the Department’s argument that the case was not “ripe” for resolution due to the fact that the managed care project had not yet been implemented and therefore it was premature to argue that the project had caused damage or loss of services to any party. The Judge will be issuing a decision in the near future, in all likelihood expressing that opinion.

OTHER

David Sudbeck distributed the draft version of the Court Monitor’s Report which is to be formally released in August. All parties were invited to peruse the report and provide additional or updated information before the document is finalized and printed. Vickie Jones and Susan Perry agreed to provide additional information before Monday, August 2, 2010.

Next Meeting: Wednesday September 8, 2010
10:00 a.m.-12:00 noon
Covenant House
600 Shrewsbury Street, Charleston, WV 25301